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THE
CANADA MEDICAL RECORD:

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EDITORS:

A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., ENG., F.O.S., LONDON.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., LONDON.

ASSISTANT EDITOR:

ROLLO CAMPBELL, C.M., M.D.

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TREATMENT OF ABORTION.

By K. N. FENWICK, M.A., M.D., *Professor Obstetrics, Queen's University, Kingston.*

Read before Canada Medical Association, Ottawa, Sept., 1892.

Perhaps there is no case in practice which gives the physician more anxiety and worry than one of abortion. This is largely due to the diversity of opinion as to its proper treatment, some text-books and teachers recommending conservative methods and a plan of waiting and non-interference, while others, including recent writers, insist on the immediate removal of the secundines after the expulsion of the ovum. Thus Tarnier, who is an advocate of the former method, mentions a case which is probably a typical result, as follows: "During the first five days the patient did very well, but on the sixth, I thought I detected a slight odor in the lochia, and at three o'clock in the afternoon a violent chill came on, which lasted an hour. This unfortunate lady died on the tenth day. At the post-mortem examination we found

the uterine tissue softened and its cavity filled by the putrified and still adherent placenta."

Galabin says: "If the fœtus has escaped and the placenta or incipient placenta remains behind, it is of the greatest importance to effect an early and complete evacuation of the uterus. Though this principle is generally accepted by all good authorities, it is not universally carried out in practice."

The expectant plan is very unsafe, for if we wait until dangerous symptoms set in it may be too late, for the patient may either die from loss of blood or suffer severely from subsequent anæmia; or if she escapes this fate she may die of septicaemia, or failing this may suffer from the effects of inflammation or subinvolution of the uterus, and we all know how many chronic uterine diseases may be traced to a neglected abortion.

Let us look for a moment at the nature of abortion, and we see it is not a natural physiological process like labor, but is an arrest of development and a premature separation of the uterine contents during the first three months of pregnancy, ac-

accompanied by tearing and laceration of the connection between the ovum and uterus. This does not always occur in the same way; thus, at an early period the ovum may come away entire, including the decidua vera, and leave the uterine surface raw; it may leave the decidua vera behind; later the embryo may come away and leave the amnion and chorion behind; and lastly, at the end of the third month, it may leave the placenta behind. The contents being different then and the size of the uterus varying, it will not always be possible to remove the secundines with the finger, as recommended, and so we must use the curette.

The plan of treatment in abortion has been, and among many practitioners now is, usually expectant with or without antiseptic precautions such as vaginal injections. Then, should hæmorrhage occur, they resort to hot water or the tampon; and should septic symptoms set in, vaginal or intrauterine injections; and failing with these, the odor persisting, and an elevation of temperature, they resort to the curette.

In undertaking a case of abortion we must first consider if it is possible to prevent it. This will depend on the amount of hæmorrhage, the severity of the pain, and the degree of dilatation of the cervix. If either of these symptoms are well marked it will be unsafe to predict its arrest; and if all are present, the ovum is sure to come away. The first requisite is rest,—rest of body, mind, and nervous system. The patient must be kept in the recumbent posture in bed, the room should be darkened, and the attendants must be quiet. A full dose of opium must be administered by the mouth or rectum. Dr. Thomas illustrates this point very impressively by an incident which occurred to himself when house-surgeon of a New York hospital. The late Dr. Marshall Hall was on a visit, and after criticizing the treatment of a

case of convulsions by revulsives, he remarked:—"Young man, let me tell you of an experience of my own. Not long since in London I procured two puppies of equal size and appearance, and poisoned them with large doses of strychnine. One of them I treated by keeping it in the light and making counter-irritation upon the surface of the body by frictions, etc. This puppy died. The other I put down in a deep cellar which was perfectly dark and absolutely quiet, and left him without any treatment. The result was that this second puppy got well."

Should there be a history of previous abortions, we should try to find the cause, and treat that accordingly. Thus seek a history of syphilis, cardiac incompetency, retroversion, endometritis, laceration of cervix, etc. If the trouble is due to fatty degeneration of the placenta, the patient should be given potassic chloride gr. 10 three times a day. This treatment was first suggested by the late Sir J. Y. Simpson, who was induced to use it from some experiments of Davy and Stephens, who found that an alkaline salt coming in contact with the blood rendered it of an arterial red color, and he thought that as potassic chloride contained so much oxygen, the blood would be better oxygenated, and so the foetus better nourished.

Should no cause be found for the repeated abortion, we have a very valuable remedy in *Viburnum Prunifolium* first known as a popular remedy among the slaves of the South, recommended by Phares in 1866, and later brought forward by Dr. Jenks. I have found it of great benefit myself in these cases, and have a patient just now under its influence who told me only last week that her last child's life was due to this medicine, and she would not be without it in the house.

If the abortion cannot be arrested by these means, we must not give any more opium, for this will prevent the painful

contractions which we now want to empty the uterus; and ergot is completely contra-indicated, for it causes spasmodic contractions of the os, and so retains the ovum. The most urgent symptom, hæmorrhage, is arrested by the tampon. This is best done with the speculum in Sim's position, and should be carefully applied to the posterior and anterior fornices of the vagina and then over the cervix, so as to occlude the upper part of the vagina, the material being wads of absorbent cotton which have been soaked in carbolic solution or bichloride, or, better still, baked cotton; or if these cannot be had, strips of clean linen or bandage. Sponges and sponge tents should never be used, the latter in obstetric practice are relics of barbarism. The tampon should be left in for 12 hours, and on removal the contents of the uterus are usually found in the vagina. When the membranes are not ruptured we should be careful not to interfere unless, prepared to at once remove everything, for these cases are seldom accompanied by much hæmorrhage.

If the secundines are still in utero, they should be at once removed and not left until septic symptoms set in. The books recommend us to use the finger to remove the contents, but this can only be done if the uterus is enlarged, as at the end of the third month. Before this the finger can hardly be got within the internal os in order to sweep the fundus.

The patient then should be prepared as for an operation, the urine drawn with catheter, placed on left side in Sim's position, the vulva and vagina thoroughly washed, cleansed, and disinfected with warm bichloride solution (1-3000). Then introduce Sim's speculum, and use a steel dilator, steadying the uterus by the hand outside, grasping the posterior lip of the cervix with a volsellum, and with Simon's spoon or a sharp curette, and in some cases with placenta forceps, remove the

uterine contents. Then flush out the cavity with warm bichloride solution (1-5000) by means of a Bozeman's tube, and repeat with hot water to prevent any chance of bichloride absorption.

If there has been any septic material in the uterus at the time of this treatment the cavity should be packed with iodoform gauze, which may be left for 24 hours, and then removed, subsequently using vaginal disinfectants. One writer has recently published 150 cases where this treatment has been carried out with only two deaths, and these not traceable to the treatment.

My own common sense and experience lead me to believe this to be the only correct method of conducting these cases.

—

NOTES ON EYE LESIONS CONSEQUENT ON NASAL AFFECTIONS.

BY GEORGE BAPTIE, M.A., M.B., OTTAWA.

The statement is now commonly found in medical literature, that many cases of ocular trouble, such as conjunctivitis and asthenopia, are dependent upon co-existing nasal affections.

The principal reason given for asserting the existence of this relation is the cure or amelioration of the ocular condition following treatment of the nose, and the connection is accounted for on the ground of:

- (1) Reflex action, or
- (2) By contiguity of tissue.

It is not my intention to dwell upon the alleged relationship, a view which, while entitled to respectful consideration, has been by some pushed so far as to stir up vigorous efforts to otherwise explain many of the facts cited in its support. I simply present for your consideration two cases in which eye lesions followed nasal troubles, and were probably caused by the latter.

Case 1.—In May, 1887, Mrs. P., aged about 70, was taken with severe pain in and about the eyes. This culminated in a profuse purulent discharge from the nasal side of the left orbit and destruction of the left eye-ball.

In the summer of 1890, she first consulted me for a nasal trouble. There was a nasty ill smelling discharge from the left nostril, which was completely occluded, and I was informed had been so for many years. In cleaning the nostril I found the cause of the obstruction to the passage of air to be a rhinolith, and a large one it proved to be.

Owing to the age, nervousness and general debility of the patient, only the slowest and gentlest procedure for its removal was possible. It was removed at four sittings by crushing and washing out the smaller fragments with a syringe; the larger fragments were taken out by using a strong pair of forceps—much of the material composing the rhinolith was lost, being washed away, and too little care taken to secure these fragments. The whole rhinolith must have been more than two inches in length, for at the last sitting one fragment measured over $1'' \times \frac{3}{4}'' \times \frac{3}{8}''$.

The pieces secured were very offensive and were put aside to dry and deodorize. After air drying for a couple of months the fragments were weighed. Their weight was 121 grains. The shrinkage in weight must have been very considerable.

Viewed merely as exhibiting a rhinolith, the case is not devoid of interest, but I think it is much more interesting as the probable cause of the loss of an eye. I connect the rhinolith with the loss of the eye in this way: It increased in size until it filled the cavity. Its presence and more its further growth, increasing its pressure upon the surrounding tissue, would and did give rise to a purulent discharge which found its way out through the nasal wall of the orbit. Cases might readily be cited

where a purulent discharge caused by the presence of a rhinolith made its way out of the nasal cavity in very different directions.

The nearest parallel that I know of to this case is that of Hartman. It will bear stating in this connection: "A man, 26, was seized with violent pains over frontal region, which gradually extended over the left side of the face, while at the same time *protrusion of the left eye-ball* became noticeable, and slowly increased. At the end of two weeks, marked febrile movement set in soon after the exophthalmos became apparent, a more or less purulent discharge made its appearance from the nasal cavity *which the patient himself noticed was increased by pressure upon the eyeball.*"

Now, in this Hartman's case, had the obstruction in the nasal cavity been a little greater, it is easy to imagine a purulent fluid which bulged out the eye, finding an exit by way of the orbit instead of the nostril. This would almost reproduce the case of Mrs. P. if the presence of a large rhinolith were overlooked as it was. This is an interesting case: (1) by reason of the great size of the rhinolith, and, (2) as I believe, the rhinolith was the unfortunate and very unusual cause of the loss of an eye, the adjacent one.

Case 2.—D G., aged 64, first seen on 2nd August, 1892, was then informed that the patient had been treated for nasal polypus, by injection, which I suppose was the introduction of, say, carbolic acid into the polypus by means of a hypodermic syringe. Four or five of these injections were made at different times, the last on the 19th July of that year. Within a few hours the adjacent eye and surrounding tissue were in such a condition that the people, when this old gentleman lived, deemed it necessary to acquaint his friends as to his condition. He was taken home, and Dr. Henderson attended him, Dr. H. going out of town for holidays, I was asked to see him.

Dr. H. gives the following as the principal things observed by him when he saw him: (1) Great prostration; (2) marked ocular congestion and ecchymosed condition about the right eye; (3) three patches, two over the eyebrows, one at the root of the nose, more affected than the rest of the eye tissue. When seen by me, his right upper eyelid or what remained of it was reddened, swollen and slightly overlapping the lower (about one-fourth of an inch), the inner fourth of the lid had nearly all sloughed away. The slough involved the lid from the middle of the margin to the inner canthus, and went beyond, eventually destroying the greater part of the inner or nasal quadrant of the upper eyelid. Above the eyebrows about an inch apart were two scabs five-eighths of an inch in diameter. The ocular conjunctiva was congested and the iris slightly muddy. When the slough came away it left a strip of the cornea and sclerotic exposed. This strip was about one-fourth of an inch wide.

The width of this strip gradually became less through cicatricial contraction until now, as you see, very little of the eyeball is exposed.

When the eye could be more minutely inspected there was to be seen the remains of an iritis as spots upon the lens: atrophy of the optic nerve, vision gone entirely, no perception of light, and a partial paralysis of the external rectus. This paralysis is not now as great as at first: the inability to raise the eyelids remains as at first.

The patient complained of a numbness over the right brow; even yet when I pull the hair of the head over the temples gently on both sides, he says he feels the pulling on the right side much less than on the left.

In the right nostril was a tough tenacious slough, lying on the septum free in front and attached at the bottom and apparently at the back to the septum. Size roughly estimated to be about three-fourths

of a square inch and one-sixteenth thick. The underlying nasal tissue was very tender and easily lacerated. It was not deemed prudent to remove the dead tissue by mechanical means for this reason, and because the patient was extremely timid and would probably be scared by the slightest thing into abandoning all treatment; but on the 12th of Sept., by forceps I removed a part of the dead nasal tissue. On the 29th of August, a polypoid body presented itself alongside the visible portion of the slough, and most of it was removed by the forceps.

The points to be noted in this case are the apparent effects of an intra-nasal injection on (1) the upper eyelid, (2) the iris, and (3) perhaps the optic nerve.

Was the injection the cause or was it a mere coincidence. To contend that it was the cause is good enough reasoning, provided nothing else can be put forward which will equally well explain the facts of the case. To my mind, nothing else does this. What it might be taken for, and what is most resembled, apart from the nasal effect, was herpes frontalis. Over against this is the absence of the characteristic eruption of herpes, and, the decided opinion of the physician who saw the case in its earlier stages that it was not herpetic. On full consideration of the case it seems reasonable to say it was in some way the result of the intra-nasal injection, and if so, it is calculated to enforce the warnings of Beverly Robinson and others against the excessive and indiscriminate nasal treatment of the day. "Nasal treatment may carry with it unpleasant consequences."

FURUNCLES.

ABORTIVE TREATMENT.—The *Annales de Médecine* assert that furuncles can best be aborted by energetically painting the affected region with strong tincture of iodine until it takes on an almost black color. This is to be repeated several times daily.—*Condensed Extracts.*

Society Proceedings.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

SEMI-ANNUAL MEETING.

Candidates Admitted to the Study of Medicine.

The half-yearly meeting of the College of Physicians and Surgeons of the Province of Quebec was held at Quebec on the 28th and 29th of September, under the presidency of the Hon. Dr. J. J. Ross. There were also present: Drs. Simard of Quebec and F. W. Campbell of Montreal, Vice-Presidents; Belleau of Quebec, and Brosseau of Montreal, Secretaries; Dagenais, Treasurer; and Beausoleil, Registrar; Drs. A. Vallée and W. A. Verge, Watters, Leon Larue, Lemieux of Quebec; C. Rinfret, M.P., Sainte Croix; I. T. E. Rousseau of St. Casimir; P. E. Guay, M.P., of St. Romuald; Alfred Morrissette of St. Henedine; J. M. McKay, of St. Foy; J. Duchrocher and Robert Craik, Montreal; Hon. Dr. Marcil of St. Eustache; J. B. L. Saint Germain, St. Hyacinthe; P. Laberge, Beauharnois; P. Carrière, M.P.P., Ste. Madeleine; H. Cholette, M.P.P., St. Justine de Newton; P. Latraverse, Sorel; L. J. L. Bissonette, St. Esprit; P. Paré, Sherbrooke; Thomas Larue, Coaticooke; E. P. C. Chevretils, Somerset; L. A. Plante, Louiseville. The report of the examiners for the preliminary examination was received and adopted. Of 69 candidates who presented themselves at the last examinations, 35 were admitted, 22 have to be re-examined on certain subjects, and 12 were "plucked." The following is the list of candidates, in their order of merit, who were passed at the last examination:—Messrs. Adonai Quintal, Josué Pinault, Philippe Sainte-Marie, Aubrey Dyer, Alfred Cadot, William Smilie, L. A. Lamarche, Austin Irvin, Fred. H. Gilday, Thomas Curran, Marsh Baulne, Achille Besner, Alexis Bouthillier, Alexandre Bourdalou, E. P. Chagnon, Isaie Charbonneau, P. Dansereau, J. B. Demers, L. O. Doré, Albert Drouin, Jos. A. Duhamel, Aristide Ferland, J. H. Hogle, Ludger Labelle, Arthur L'Ecuyer, Aldéric Lesage, Fred Macartney, Joseph Marion, F. Xavier Martin, Aubrey T. Mussen, Emile Pelletier, Stuart E. Phelps, J. E. Prévost, Oswald Stockhouse, Cyril T. Verdun.

The following B. A.'s were admitted to the study of medicine without further examination.

The following is the list of candidates who were admitted to the study of medicine last May:—Messrs. Geo. S. Lovejoye, J. P. Roux, Jos. Latour, Arthur R. H. Lafleur, Paul Ber-

thiaume, Rodolphe Germain, Francis Duckett, Walter M. Fisk, Hector Meunier, G. I. Damour, Geo. A. Massicotte, C. O. Samson, E. Labbé De Grandchamp, N. Arthur Sabourin, J. L. P. H. Bédard, Robert H. Craig, Bruno Bordeleau, J. A. Christin, Esdras Clément, Joseph G. Dequoy, Geo. Fisk, Zotique O. Ménard, Rodolphe R. Ménard, R. A. Girardin, Ed. Lesage, Raoul Pepin, P. Vandandaigne.

The following were licensed to practice on presentation of their M. D. diplomas: Messrs. Joseph Frenette, Malbaie; Eug. Pâquet, St. Aubert; Jos. Abr. Arthur Lapointe, Malbaie; Jos. U. Caderre, Montreal; Jos. O. Bourget, St. Joseph de Lévis; Oscar Cloutier, Ste. Monique de Nicolet; Joseph Th. Toutant, Deschambault; Bruno E. Lehayé, Batiscan; Arthur Lapierre, Ste. Marguerite de Dorchester; Jos. F. Gagnon, Chambord, Lac St. Jean; Louis Philippe Désy, St. Hugues; Miss S. Grace Dougall, Miss Grace Ritchie, Montreal; B. W. Carmichael, J. B. Delisle, William Burnett, A. S. Bissonnette, Peter McCormick, Ch. Martin, H. Masson Duhamel, François Sylvestre, J. A. Beaudoin, R. C. Aurier, C. A. Daigle, G. B. Gadbois, J. O. Johnson, Armand Hudon, E. G. Dagenais, J. A. O. Daoust, J. E. P. Chagnon, of Montreal; Ozias Payment, des Cèdres; J. C. Prieur, Côteau Landing; G. Morin, St. Judes; L. J. Bergevin, Canton Chambly.

Madame John Meloche was, after examination, licensed as a midwife.

Dr. Lebel, who was prevented from passing the matriculation in 1885, owing to his serving in the North-West expedition at that time, was granted a special dispensation.

On the motion of Dr. Cholette, seconded by Dr. Beausoleil, it was decided to grant ten dollars a day during the meeting of the board, instead of five, to those governors who resided where the meeting was held, and twenty dollars instead of ten to those coming from a distance.

Dr. Marcil renewed his notice of motion:—"That all the spare funds that the College now has on hand, or that it may collect from arrears, shall be devoted to the purchase of a medical library; and that 50 per cent. of the annual revenue of the College be devoted to the increase and maintenance of the said library; and that every member of the profession desirous of consulting the said library shall pay two dollars annually."

On this notice, Dr. Marcil moved, seconded by Dr. Beausoleil, "That the Board approves of the creation of a medical library, and that the Treasurer prepare a complete statement of the financial resources of the College, in order that the Board may decide what funds it can contribute for this purpose." This motion was adopted.

Dr. St. Germain, seconded by Dr. Bisson-

nette, gave notice of motion, "That 50 per cent. of the fees collected in each judicial district be handed over to any medical societies now existing, or to be founded."

Dr. Brosseau made his report on the conference lately held at Ottawa, with the delegates, from the Ontario Medical Council, on the subject of reciprocity in granting licenses.

A letter was read from Rev. Mr. Laflamme, on behalf of the Examiners, recommending that the questions be printed. A committee was formed for the purpose of having the recommendations carried out, consisting of Drs. Cholette and Cartier. The meeting then adjourned.

Progress of Science.

THE BACILLUS OF DIPHTHERIA.

BY J. BRADFORD MCCONNELL, M.D., Professor of Pathology, and Lecturer on Physical Diagnosis University of Bishop's College, Montreal.

(Read before the Montreal Microscopical Society, October 21, 1891.)

In none of the departments of pathology are such advances being made as are to be noted in that of Bacteriology. The generally accepted belief, that all infectious diseases originate from some micro-organism, is being constantly confirmed by the discovery of one after another of the specific causes, and even our knowledge of diseases which were not suspected to depend on such bodies is being illumined by evidence discovering them as important factors in their evolution. These discoveries are placing the practice of medicine on a more scientific basis, and point to rational methods of treating the specific infectious diseases, which constitute nine-tenths of those we have to deal with, and we now behold the dawn of the period when empiricism will be replaced by effectual dealing, through scientific means, with this class of diseases. The work of Loeffler in regard to the specific cause of diphtheria can be considered only slightly less in importance than that of Koch in regard to cholera and tuberculosis.

The disease Diphtheria, under various appellations, has been recognized by observers in early historic times and through the centuries of the Christian era. *Ulcus Syriacum* and *Ulcus Egyptiacum* are among the names by which it was designated. Its first recorded appearance in America was during the 17th century, about the year 1659. It is mostly a disease of childhood, and is one attended with a considerable mortality when it is not arrested by efficient and prompt treatment. It is almost

constantly present in this and other large cities. Its contagiousness has long been recognized, the most liable to it being those not in sound health and suffering from catarrhal affections of the throat and nose. The infectious material may be conveyed in various articles of food, clothing or furniture and the like, which have come in contact with the patient. The disease may develop in from twelve hours to one or two weeks after exposure to the contagion.

The characteristic feature of the disease is the development of a pseudo-membrane on the mucous membranes of the body, usually on that of the sides and back of the pharynx, and also on wounds and abrasions. The membranous deposit is chiefly fibrinous exudation and changed epithelium, leucocytes, and a great variety of micro-organisms.

There is fever, prostration, and swelling of the tissues and glands in the throat region. The patches—small at first—increase in size, and where a number exists coalesce; may be only on one side, and extend later to the other. Sometimes it extends down to the larynx, constituting one of the most fatal diseases to which children are liable—diphtheritic croup—and may extend even into the bronchial tubes. The affection may last two or three days or a week or two. One attack does not apparently engender immunity from subsequent ones—in some cases it increases the liability to the disease, owing to the abnormal condition of the throat which results. In a certain proportion of cases during convalescence, paralysis of various groups of muscles occurs.

Until recently, diphtheria has been considered by most observers to be a constitutional disease, and the membrane a local manifestation. Others have regarded the local exudation as the beginning of the attack, the constitutional symptoms being a secondary event, and it is only within the last year or two since the establishment by numerous observers of the undoubted causal relation of the Bacillus discovered by Klebs in 1883 and Loeffler in 1884 that the latter view is becoming more generally accepted as the correct one.

I will endeavor to state very briefly what is known of the Bacillus, and indicate the improved position we now occupy through this knowledge, in regard to the nature of the disease, and to offering more rational and effectual indications for combating its depredation.

Although first recognized in 1883 by Klebs, Loeffler in the year following gave the results of his extensive investigations, which were carried out according to modern methods, and declared his bacillus to be the cause of Diphtheria, and his statements have been confirmed and amplified by numerous competent observers, and there is now no doubt but that Loeffler's Bacillus is the true cause of Diphtheria.

K. Fraenkel thus describes it:—"They are rods of moderate size, usually slightly bent, about as long as the tubercle bacillus ($1\frac{1}{2}$ to $3\frac{1}{2}$ micro mm.), but twice as broad, with rounded ends. The form is very variable. They sometimes appear enveloped in a glassy membrane. Sometimes the contents separate into several pieces, divided by a broad, transverse wall. One end of the rod is frequently thickened like a club; these are regarded as involution forms. The bacilli do not produce spores; they are semi-anærobic, and only thrive at a temperature between 20 and 40 C. Ten minutes' exposure to 58 C. (136.47) destroys them. The dried membrane is found to contain live bacilli months after. They endure much longer in moist surroundings. On gelatine plates they produce roundish, white, small colonies which do not liquify the gelatine. The colonies on agar or glycerine agar are of greyish white lustre, with a flat border, and show a ring-shaped stratification. They are not apparent until after forty-eight hours in the incubator, and each successive cultivation on agar lessens in virulence. In gelatine culture, small, white, round globules are formed along the inoculation puncture.

A thick, whitish, opaque coating develops on blood serum or on Loeffler's serum, and appears in about twenty-four hours after inoculation. This is characteristic of this bacillus, most others developing later. In bouillon the bacilli form white, very small firmly cohering peculiarly gritty grains, which generally sink to the bottom. The bacilli also grow in milk, and form an invisible growth on the potato. These cultures may be extended through a number of formations, still retaining their pathogenic properties. Several species of animals are susceptible to the action of this bacillus, such as rabbits and guinea-pigs, and most birds, especially chickens and pigeons. Pseudo-membranes are produced at the point of inoculation, followed by grave general symptoms and the death of the animals. Rabbits live longer than guinea-pigs, and the paralysis which occurs in the human patient at a time when he has apparently recovered, follows when death is delayed in rabbits. The disease produced in these animals is thus identical with that occurring in the human subject, and can be produced in them as well by a distant culture of the bacillus as by inoculation with the original exudation from the diphtheritic throat. The bacilli are only found at the point where the throat or other region is primarily infected. They only grow on the superficial parts of the false membrane, and do not penetrate into the tissues, so that neither the blood nor any of the internal organs at any time harbor the bacillus. Hence the severe constitutional symptoms are not the result of bacterial growth in the blood or tissues, but are produced by highly poison-

ous tox-albumins, which are produced from the tissues by the chemical action of the growing bacilli, these enter the blood-current and lymphatic circulation, poisoning the system generally. Roux and Yersin have been able to produce in animals all the usual symptoms of Diphtheria by injecting them with bouillon in which the bacilli have grown for some time, and from which they have been removed by filtrations; 1.5th mgm. of the dried filtrate is sufficient to kill a rabbit. More recently, the active poisonous ingredient of the bouillon has been separated. The addition of acidulated alcohol to a concentrated portion of its filtrate throws down a precipitate, which after purification appears as a snow-white mass, having all the virulent properties of the original filtered bouillon culture. It has the characters of the albuminous bodies rather than that of a Ptomaine or animal alkaloid, is soluble in water, and destroyed when exposed to a temperature of from 60 to 70 C.

Doubtless, this potent poison—which is said to resemble the venom of poisonous reptiles—is produced when the bacilli develop on the mucous membranes of men or animals. The poison immediately destroys the epithelium and superficial portion of the mucous membrane by a process of coagulative necrosis forming the false membrane, the bacilli being found only on the outer older portion.

Another established point in regard to the bacilli is the fact that their virulence is greatly modified in artificial cultures, and they are found to be especially liable to natural attenuation, so that cultures may be obtained of various degrees of potency, as judged by their action on animals. This accords with the well-observed fact of different shades of severity in the symptoms in various epidemics. It has been proved that the more grave the attack the more virulent are the bacilli, and that the degree of virulence corresponds with the greater or less amount of tox-albumin generated, and it has been found that at the end of an attack, when the patient is recovering, the bacilli are less virulent.

One reason why Loeffler's work was not sooner accepted has been the fact that several other organisms have been described as the specific germ in diphtheria—a bacterium and a streptococcus (the latter by Oertel in 1871); and from the fact that a great variety of organisms may come in contact with the false membrane from its exposed position to germs from the air, it is supposed also that some of the illness and local action may be due to the growth of pyogenic streptococci and staphylococci, always present, and which have the power of growing in the blood and tissues. Moreover, there are certain cases (as in the membranous sore-throat of scarlatina and measles) of false membranes occurring without the presence of

Loeffler's bacillus. The constant presence of streptococci in these has led some observers quite recently to regard them as the specific germs, as in the case of Dr. Prudden's investigations. He has more recently, however, found Loeffler's bacillus in all cases of genuine diphtheria. Some observers have found a bacillus possessing all the characters of Loeffler's bacillus, but without its pathogenic properties. We have already spoken of the variability in the effects of the genuine bacillus, and some authorities regard this one as an attenuated bacillus diphtherias.

We might now sum up what has been gained by the discovery of this bacillus. It has settled the point as to the local origin of the disease, and thus the rational necessity of early and energetic local antiseptic treatment, although the grave toxic effects on the general system of the poison generated still calls for constitutional treatment. It has given us a method of deciding in doubtful cases within from eighteen to twenty-four hours as to whether a patch on the throat is diphtheria, or *follicular tonsillitis*, or otherwise.

It points out that the disease is spread through the secretions from the false membrane only, not from the breath, unless portions of infected mucous or saliva, or detached particles of membrane are ejected during expiration, nor from the other excretions of the body. It teaches the necessity of care and the thorough disinfection of all articles coming in contact with the patient, and the danger incurred in regard to subsequent cases of infection in the same house even months after, owing to the longevity of the bacilli, especially where dampness and want of light and dry air prevail. As evidence of this longevity, some of the cultures exhibited this evening, were made from a tube which had been inoculated 6 months ago and it will doubtless retain its activity for months to come.

The fact that it is so easily cultivated on artificial media is evidence as to the possibility of its being harbored where organic filth and refuse are allowed to accumulate around human habitations, and explains why in large cities, when it once gains a foothold, it is with so much difficulty eradicated—in fact, seldom is. In our city it is more or less constantly with us. That a temperature of 50 C. (122 F.) destroys the growing bacilli shows how readily clothing and utensils can be disinfected by dry heat or boiling.

The danger of allowing children who have suffered from an attack of diphtheria to attend school again without thorough disinfection of clothing and person is very obvious; and the fact that the bacilli have been found in the throat from one to four weeks after recovery points to the danger of children mingling with

others as soon as the membrane has disappeared and the patient supposed to be convalescent from the attack.

As the bacilli grow luxuriantly in milk, we can readily understand the grave possibilities of milk being distributed from dairies where a case of diphtheria may exist, and the necessity of proper inspection of these sources of food-supply. The use of antiseptic lozenges and inhalations by those exposed to the disease would seem in this affection to be commended as preventatives, and the patient should be isolated from all but the immediate attendants.

Although animals may be inoculated with human diphtheria, they are never affected by it in natural conditions. The epidemics of a disease resembling diphtheria in calves, pigeons, turkeys, and chickens is a different disease from that caused by the Loeffler bacillus, and the micro-organisms found in these cases is not the same in the different animals, so that human beings are not likely to get diphtheria from these sources, although there are those who maintain that human beings may contract diphtheria from fowls. Thus Bild states that on the island of Skiathus, N.E. of Greece, there had been no diphtheria for a third of a century, when a dozen turkeys were introduced from Salonica, two of them having on arrival a disease resembling diphtheria, which destroyed nine of them. Diphtheria began in a house near where the animals were kept, and resulted in one hundred and twenty-seven cases with thirty-six deaths, and there are many reports of a similar nature.

But in the case of cats, numerous instances are on record, showing that cats infected from human beings can convey the disease to others. Bruce Low mentions a case where a boy communicated the disease to his pet cat. A second cat received the contagion from this one, and communicated it to four children. Similar instances are mentioned by Duthill, Nicati, Oertel, Gerhardt, Velpeau and others, so that it may be considered established that animals affected with diphtheria may convey it to human beings, but doubtless only that species of false membrane affection which contains Loeffler's bacillus. As all false membranes in the human subjects are not evidence of genuine diphtheria, the same fact may apply to animals, so that the diagnostic nature of Loeffler's bacillus can be appealed to in these cases, and show when danger really threatens from such sources. There are many other points of interest which this subject suggests, but which could only be properly presented before a medical society. I have, however, offered sufficient evidence to convince you that a great stride has been made in our knowledge of this formidable disease, and that we are in a much better position to cope with and lessen its destructive effects.

HEMORRHAGES.

PROTRACTED HÆMORRHAGE FOLLOWING ABORTION.—Grossmann (*Münchener medizinische Wochenschrift*, No. 22, 1892) says that hæmorrhages following abortions caused by a circumscribed tumor, deciduoma, diffuse proliferation in the endometrium or endometritis decidualis, which hæmorrhages prove rebellious to all other treatment, yield promptly to curetting the uterus. The author believes that this operation should be performed by all general practitioners.

Grossmann curetted nearly 50 such cases without general anæsthesia.

The following is his technique: he has the external genitals thoroughly washed with soap and water, places the patient on her back, and thoroughly disinfects. He copiously washes out the vagina with a 1 per cent. solution of creoline and lines it with pledges of cotton. Then he soaks cotton or strips of gauze in 20 per cent. solution of cocaine, and inserts them into the vagina, leaving them there for from 5 to 10 minutes.

After the removal of the cotton or gauze he grasps the anterior lip of the womb through the speculum, and slightly drawing the womb forward, he introduces a Bozemann's catheter, and washes out the uterus with creoline.

Immediately thereafter he inserts into the womb a Braun's syringe enveloped with cotton and filled with 20 per cent. solution of cocaine, which is injected while slowly passing the syringe upward. This solution is allowed to act from 5 to 10 minutes. While this does not always produce complete local anæsthesia, it induces sufficient analgesia to warrant proceeding with the operation.

The author then inserts a small uterine curette, and scrapes the endometrium, beginning with posterior wall, then scraping the anterior wall and finally the angles of insertion of the Fallopian tubes. The scraping is done with gentle motions, but with sufficient force to produce an appreciable, even audible, sound.

This rarely increases the bleeding, which promptly yields to hot water irrigation.

After the operation a bit of iodoform gauze is placed before the os.

The author never experienced any unfavorable results from the operation.—*Condensed Extracts.*

OOPHORO-SALPINGECTOMY.

Sabino Coelho (*A Medicina Contemporanea*, June 26, 1892) reports a patient, aged 48, who began to menstruate when she was 12 and who aborted when 31. She did not become pregnant since.

She complained of the following symptoms, all of which became aggravated a year before the operation: dysuria, pains in the left lumbar

and iliac regions, which eventually extended over the entire abdomen; almost complete inability to lie upon the left side and inability to walk even a few steps without supporting the abdomen with her hands. All remedies employed proved futile.

Examination revealed a tumor, painful to pressure, somewhat behind the uterus and extending to the left side, where its greater bulk was situated. The womb was normal.

On May 14th, 1892, Sabino Coelho made an incision 6 centimetres ($2\frac{1}{3}$ inches) long through the median line, and found adhesions of the intestines to the bladder, which he carefully detached. The ovary and tube were adherent to the left obturator membrane and to the intestines. He decorticated and ligated the two pedicles and cauterized the superficies of the section.

As the pedicles did not bleed, he placed them permanently, and having satisfied himself that the right appendages of the uterus were in a healthy condition, he closed the abdominal wound with a mixed suture and dressed it with iodoform, covering all with a flannel bandage.

As one of the subcutaneous points showed a tendency to suppuration, the patient was kept in hospital until the middle of June, when she left radically cured. Serous cysts were found in the extirpated Fallopian tube and two abscesses in the ovary.—*Condensed Extracts.*

OZAENA.

IODOL, TANNIC ACID AND BORAX.—Turban (*Therapeutische Monatshefte*, No. 5, 1892) treated 10 cases of rhinitis atrophicans foetida with

R Iodol, cryst.....

Acid. tannic

Boracaa 5.0 (gr.LXXV.)

M f. pulv.

He orders a pinch of the powder to be inserted into each nostril 5 to 6 times daily in the beginning, afterwards 3 times daily.

The author employed no other local treatment. Under this powder secretion, crust-formation and fetor soon ceased. The cases that proved most favorable were those in which the atrophy was accompanied by hypertrophic spots.—*Condensed Extracts.*

WHOOPIING-COUGH.

OZONE.—Hellet (*Médecine moderne*, No. 6, 1892) recommends inhalations of ozone, 15 minutes daily.

IODOFORM.—Chibset (*Médecine moderne*, No. 6, 1892) orders powdered iodoform strewn upon the child's pillows.—*Condensed Extracts.*

BOARD OF HEALTH OF THE PROVINCE OF QUEBEC.

TO THE MAYOR AND MUNICIPAL COUNCILLORS.

As Cholera has been, since a few days, more and more imminent, and may break out at any moment in our midst, it becomes a pressing duty to protect ourselves and to take, in each municipality, those measures which will prevent its spreading in the province with its usual devastation.

The present will indicate to your Municipal Council and its local Board of Health, what preventive measures must immediately be taken to protect your fellow-citizens from the dreaded disease. The Law gives you all necessary powers to insure the sufficient protection of your municipality, and it is your duty to use them in the interest of the whole community.

PRELIMINARY PRECAUTIONS AGAINST CHOLERA.

1° Have your Board of Health in readiness to enforce the execution of our by-laws; appoint a reliable Health officer—preferably a physician, if there is one residing within the municipality—and let him and the Local Board exercise strict surveillance over the whole municipality, so as to be able to act at the first occurrence of the disease. In thus organizing your defence in advance, you will not be embarrassed in a case of emergency.

Your local Board must meet, at least, once a week, and even more frequently, if necessary, to study the sanitary condition of your municipality, and see to the execution of the measures hereafter described.

2° Have the water examined, and see that every family be supplied with pure unpolluted water; remedy all possible cause of pollution, this being of especially great importance when Cholera is about. Cause all suspicious wells to be emptied, cleansed and disinfected with lime, and order the filling up of all wells in too close proximity to stables or privy-pits. If water-works exist in your municipality, see that all those who cannot pay for their water be supplied at the expense of the municipal corporation, at all events during the prevalence of Cholera, so that each family will have pure water.

3° Have an inspection made of all dwellings, cellars, dependencies, yards, alleys, stables and other buildings, drains, sewers, gutters, sinks and privy-pits, in short, of any place or thing which may, by its unsanitary condition or faulty construction, become injurious to health. These places must immediately be rendered healthy, so that all what is liable to become a breeding place for Cholera germs may disappear.

Consequently, you must ascertain that all cellars, yards, alleys, stables and other depend-

encies be thoroughly cleansed and kept clean, that filth of any kind be burnt or removed and buried. Every day, kitchen and other refuse must be likewise burnt, or collected in a box to be removed, and its contents buried, in order that no decomposing matter may remain near dwellings.

Order all manure to be removed from the vicinity of the house, all drains and sewers to be put into perfect condition, and privy-pits to be emptied and disinfected.

Stagnant pools of water and street ditches containing liquids in putrefaction or sewage must receive your careful attention. If impossible to fill up, the pools must be rendered as healthy as possible by drainage or disinfection. Street ditches must be cleansed, especially in towns and villages, and the draining into them of slops, urine, and particularly the contents of privies, must be stopped.

4° Have an inspection made of all markets, factories and cemeteries in your municipality.

Ascertain, every day, through your inspector, that no animal or vegetable refuse remains inside or outside markets. Order any such refuse to be burned or buried. Have the meat, vegetables and fruits offered for sale examined, and, if found to be unsound and dangerous, have them confiscated and destroyed.

Enforce the observance of the sanitary requirements of the laws respecting factories and work-shops. No dirt or refuse must be tolerated inside or outside the buildings; the privies must be kept in a perfect condition; there should be no overcrowding and no accumulation of manufactured goods, in order that occupants may have all available breathing air.

See that cemeteries be in such a condition as will prevent their becoming a source of infection to the neighborhood, and, above all, let them not contaminate, by their drainage, any well or other source of drinking water.

5° In order that all these preventive measures, although preliminary yet so important, be conscientiously and effectually executed, it is necessary for your Health Officer to personally visit each house and working establishment, and give the instructions needed in each place for the guidance of those living or working there, so that, knowing what is expected of them, they may act accordingly. Give your careful attention to everything, and suffer no negligence from any in the performance of their duties.

PRECAUTIONS TO BE TAKEN WHEN CHOLERA HAS MADE ITS APPEARANCE.

1° Institute an active surveillance so as to be able to discover and control any doubtful or genuine case of Cholera. Bring before the

Courts of Justice those neglecting to give you the notification required by law.

2° Notify this Board immediately, by telegram if possible, should any case occur in your municipality.

3° Placard immediately infected premises.

4° See that, whenever it is possible, Cholera patients be immediately removed to the isolation hospital, if there is one. It would be most desirable for your municipality to have a special building, shed or tent (barns have sometimes been used with advantage) for the isolation of the sick. The number of infected places in the locality can then be greatly reduced.

5° Superintend the immediate quarantine of the house and inmates and the lot upon which it is situated. Place a guardian near the house to do the outside service, and see that quarantine be continued until ten complete days after the disinfection of the premises.

6° Provide an ambulance or carriage for the exclusive conveyance of infected patients to the isolation hospital, as also hearses or carriages to be used only for the transportation of corpses. These carriages shall be disinfected after each use.

7° Superintend personally, or through your Health Officer or other qualified person specially appointed for the purpose, the disinfection of infected houses and contents, their dependencies, stables (evacuations may have been thrown there), ambulances or carriages. Such disinfections are to be made according to the methods described in the by laws of our Board.

8° Provide suitable shelter for families who have to leave their houses during the disinfection.

9° Superintend the removal and interment of infected corpses, and allow no one to attend the funeral except the clergyman, a member of the family, the person removing the body and the grave-digger.

10° Discourage public meetings and assemblies and generally any large congregation of individuals.

For any information you may require, apply to the Board of Health of the Province, No. 76 St. Gabriel Street. Montreal.

Such are briefly the preventive measures which you must take in the interest of all those entrusted to your care and to whom you are in law bound to give all possible protection. There is no difficulty whatever to be met with in carrying out the above prescribed measures which it is your duty to execute. You have only to *set to work firmly* and at once, being convinced that the means offered to you are the only ones by which you can prevent and fight Cholera, and that there is not a moment to be lost if you desire to protect your municipality promptly and efficiently.

Therefore the Board of Health of the Province hopes that, under the circumstances, you will do your duty with courage and resolution, and that nothing will be neglected by you to help in averting the threatened danger and keeping back the common foe, if possible, or in fighting with energy against it if it comes amongst us. Every family in your municipality relies upon your zeal and activity for its protection, and it is your duty to act so as to impress upon the mind of the whole community that confidence and security which is so useful and necessary during an epidemic.

We have the honor to be,

Your obedient servants,

ELZÉAR PELLETIER,

Secretary.

E. T. LACHAPELLE,

President.

MONTREAL, September 1st, 1892.

WHAT IS TO BE DONE WHEN CHOLERA IS IMMINENT.

(INSTRUCTIONS TO FAMILIES)

PRECAUTIONS AGAINST CHOLÉRA.

Avoid hardships and exhaustion.

Avoid excesses in every form, and be particularly moderate in drinking and eating.

Avoid unripe or unsound fruits; beverages of inferior quality; uncooked or undone food, especially vegetables.

Avoid dampness and chills, iced food and drinks.

Avoid uselessly attending public assemblies.

See that your drinking water be pure. Boil it, if you doubt its purity; this should always be done with well-water. It is well also to always boil the milk especially as it is often adulterated with water.

Have your food always of good quality, sound and well cooked.

Pay a great attention to personal cleanliness and also to that of your clothing.

Your house, from cellar to garret, must be kept scrupulously clean, especially the cellar which is most generally neglected. Give free entrance to air, light and sun, for they are the best means of making a house healthy.

Be particular that the soil around your house is not contaminated by stagnant pools of water or animal and vegetable refuse. Remove from the vicinity of your house all rubbish in state of decomposition. Burn all filth and refuse, or have them removed and buried.

Empty, clean and disinfect all what may be soiled in your house or in its vicinity: cess-pools, privy pits, water-closets, sinks, drains, gutters, manure boxes, stables and other dependencies. An excellent practice would be to

lime-wash the walls and ceiling of the cellars, stables and other dependencies.

Have all defective drains renewed or repaired.

All the preventive measures against Cholera are outlined in the following axiom: *Live healthy in a healthy home.*

The symptoms of Cholera are diarrhœa, the discharges successively showing the rice water characteristics, vomiting, cramps, exhaustion and fall of the temperature (algid stage).

HOW TO OPPOSE CHOLERA.

When a case of Cholera declares itself in your household, notify immediately the Health Officer or the Secretary-Treasurer of your municipality.

If there is, in the municipality, an isolation hospital, house or tent, it is most advisable to remove the patient to it. The quarantine of your house is thus shortened as also the exposure of your family, the disinfection of the house being then made immediately after the removal of the patient.

If the patient is not removed to the isolation hospital, house or tent, have your house placarded, and isolate immediately the patient with his nurse in a separate room, from which curtains, carpets and needless furniture have been removed and into which the physician and clergyman only shall be admitted.

All the other members of the household must remain quarantined on the premises until disinfection is made, that is to say: shall not leave the lot upon which the house is situated or put themselves in communication with people outside, except with the guardian in attendance at the door, who will do the outside service for the inmates.

Doubtful cases of Cholera should be treated as genuine cases.

When Cholera is about, looseness of the bowels should never be overlooked, as diarrhœa either predisposes individuals to Cholera or is the first symptom of Cholera itself. Thus, especially if there are cases of Cholera in the vicinity, the slightest attack of diarrhœa must be attended to at once.

DISINFECTION.

The principal disinfectants are the following:

1. Fire.
2. Steam.
3. Boiling water.
4. Bichloride of mercury: two drachms in a gallon of water.
5. Carbolic acid: 4 ounces in a gallon of water.
6. Milk of lime which is prepared as follows:

Sprinkle gradually quick lime of good quality with one half its weight of water; dilute the powder so obtained with twice its volume of water. Keep in a carefully closed vessel.

7. Chloride of lime in powder or in solution: six ounces in a gallon of water.

8. Sulphurous acid, by burning 3 pounds of sulphur for each 1000 cubic feet of space.

The above disinfectants *only* are recommended by the Board of Health of the Province, and it is in your interest not to put too much confidence in the so called disinfectants of the trade, most of them being merely deodorizers.

Disinfectants No. 2 and No. 8 are used only in the general disinfection of the house and its contents, which disinfection must always be made the supervision of the local Board of Health of the municipality.

The following should be considered *infected* by Cholera: whatever has been soiled by the stools, the vomit or urine of a choleric patient, whatever has remained in the patient's room or has been in contact with his clothing or anything that has been used by him.

METHODS OF DISINFECTION.

Disinfect immediately everything coming out from the patient's room.

Crockery and utensils must be washed in boiling water. Remains of food together with rags or linen, if of little value, which have been used by the patient, must be burned.

Underclothing, sheets, towels, soiled or not by evacuations, must, in the room, be put into a tub containing solution No. 4 or No. 5, to steep therein for 4 hours, and then be washed in boiling water.

The evacuations of the patient (vomits, stools and urine) must be received in a vessel one-third full of one of the solutions No. 4, No. 5 or No. 6, and immediately thrown into the water-closets or privies. It is most important that those evacuations be disinfected, for they, more than anything else, contain the Cholera poison. As long as the disease exists, water-closets and privy pits must be daily disinfected with solution No. 4, No. 5 or No. 6.

To disinfect themselves, persons must wash the whole of their bodies with a solution of carbolic acid: two ounces in a gallon of water. The nurse shall often wash his hands with the same solution, particularly before eating, and frequently rinse his mouth with a solution of carbolic acid: one ounce in a gallon of water.

To purify any place that has been soiled by filth or refuse, etc., sprinkle with solution No. 4, No. 5 or No. 6.

The body of a person who has died from Cholera must be wrapped in a sheet saturated with solution No. 4 or No. 5, and put in a coffin with 2 pounds of chloride of lime. The body must remain completely isolated in the room and be interred within 24 hours after death.

No one is allowed to attend the funeral or burial except the clergyman, one member of the family, the person removing the body to the cemetery, and the grave-digger.

Every vehicle used in transporting such body, together with the outside garments of the persons who have dressed or buried it, must be immediately disinfected under the direction of the local Board of Health.

After the death or recovery of the patient, your house, all the inmates and effects contained therein must be disinfected under the direction of the local Board of Health and according to the regulations of the Board of Health of the Province.

The quarantine of your house shall not be raised until 10 complete days after its disinfection.

For other information which you may need, apply to the Health Officer or Secretary-Treasurer of your municipality.

Make it your special duty, in your interest as well as in the interest of the whole community, to strictly follow the instructions which are given out to you, and to help, by your co-operation, the work of the sanitary authorities.

Published by order of the Board of Health of the Province of Quebec.

INJECTIONS OF CORROSIVE SUBIMATE IN TETANUS.

CELLI (*Arch. Ital. di Pediatria*, November, 1891) reports a case of severe tetanus successfully treated by injections of corrosive sublimate. The patient was a child in whom tetanus appeared after a wound of the sole of the foot. Free incision and antiseptic dressings were first tried, but without avail, the symptoms increasing in gravity. The plan first practised by Baculo, of injecting corrosive sublimate, was tried. During seven days nine injections were given hypodermically, each consisting of 0.5 centigramme dissolved in water. From the time of commencing this treatment a progressive improvement was observed, and on the eighth day the patient was completely cured. As a direct result of the injections there were noticed progressive fall of temperature and pulse-rate, with gradual increase in diuresis.—*British Medical Journal*.

MECHANICAL TREATMENT OF ERYSIPELAS.

In the *Therap. Monatsh*, February, 1892, Kroell describes a modification of this method, and gives the theoretical grounds on which it is based. The conditions necessary to the success of such a method are (1) a specific relation of the characteristic micro-organism to

the cutis. Here the author is strongly of opinion that the streptococcus erysipelatis is not identical with the *S. pyogenes*, and that if suppuration occur it is the result of a mixed infection. (2) The spread of the disease in the cutis by continuity only. The appearance of the disease elsewhere, as in erratic erysipelas, is due to a second infection at that place; and (3) that erysipelas does not spread in all directions with equal ease. The specific inflammation is the chief element in the disease, the general symptoms being produced by the toxins absorbed. The more limited the former, the fewer the toxins produced. The elastic bandage which the author uses must be applied sufficiently firmly, but in such a way as to permit of the circulation being maintained in the parts so cut off. As regards facial erysipelas, the object is to prevent its spread to the scalp. The bandage is carried from the back of the neck round the forehead. The inflammation may spread to the margin of the bandage, but not beyond it. The thick skin of the neck usually prevents its spread to the trunk. The bandage must not be omitted as soon as the fever disappears. The absence of tenderness shows the limiting of the process at the bandage margin. The author has only once seen this margin overstepped, and then it was due to the incautious application of the bandage. The treatment is naturally not applicable to the trunk. In the extremities the distal application is alone available. If the disease is spreading towards the trunk the slight disturbance in the circulation caused by the bandage may give rise to increased pain, and even gangrene. A slight œdema is immaterial, but any blueness of the limb must be avoided.—*British Medical Journal*.

ANTISEPSIS OF THE MOUTH.

In illustration of the value of antiseptics of the mouth in protecting the organism against infection, Laborde (*Sem. Méd.*, February 10th, 1892) calls attention to a method of preventive treatment against coryza which has for several years proved successful in his hands. This consists in washing out the mouth and nasal fossæ regularly two or three times a day with a 1 in 1,000 solution of carbolic acid, as hot as can be borne.—*British Medical Journal*.

DIABETES AFTER EXTIRPATION OF THE PANCREAS.

MIKOWSKI (*Berl. klin. Wochens.*, February 1st, 1892) says that in dogs, complete removal of the pancreas is always followed by diabetes if the animal lives long enough. In a cat the

author produced the same effect; but in rabbits he has not come to any conclusion, as complete removal is almost impossible. In a pig in which all but one-third of the gland was extirpated, sugar appeared five days after a meal of bread. It was diminished when meat was given, and disappeared after a day's fast. Slight forms of diabetes are also observed in dogs if not more than one-sixth of the gland is left behind. In birds and frogs diabetes cannot be produced as in dogs. In the latter the sugar appears in 24 to 48 hours, and reaches its height in 2 to 3 days. If the strength fails or complications appear, the amount of sugar diminishes and disappears before death in animals as in man. This function of the pancreas is a specific one, but sugar in the urine can be brought about in other ways than by disturbance of this function of the pancreas, as is seen in phloridzin diabetes. In this latter the sugar is not increased in the blood as in pancreas diabetes. Again, phloridzin diabetes occurs in birds and in animals whose pancreas has been removed without diabetes appearing. By grafting pieces of the pancreas into the tissues outside the abdomen, the development of diabetes after the removal of the piece of the pancreas left in the abdomen is hindered. Lépine's view is that a ferment is produced by the pancreas which causes the destruction of the sugar, and that the absence of this ferment brings about diabetes. Minowski says, however, that many more facts must be known before a clear explanation can be given. The following are two striking events: (1) That glycogen should disappear so soon from the liver after extirpation of the pancreas; and (2) that laevulose can still be used up in the organism as it is excreted in a small amount in the urine, and it only slightly increases the amount of grape sugar.—*British Medical Journal*.

GLYCOSURIA IN CHILDREN.

PAUL BINET has made a large series of observations as to the occurrence of glucose in the urine of children under various conditions (*Rev. Méd. de la Suisse Rom.*, February 20th, 1892). The tests he used were (1) reduction of Fehling's solution, (2) the reaction with naphthol, (3) the crystalline reaction with phenyl-hydrazine. He found that in the normal urine of healthy adults and children a small quantity was present in nine-tenths of the specimens examined, while in about half the urine behaved with phenyl-hydrazine like a solution containing $\frac{1}{2}$ per cent. of glucose. In children suffering from various diseases a distinct augmenta-

tion in the amount of glucose was only observed with any constancy in diphtheria; in 38 severe cases the reaction of glucose with phenyl-hydrazine was obtained in 27. The quantity was not in any case sufficient to give a precipitate with Fehling's solution. Grognot (*Rev. des Mal. de l'Enfance*, March, 1892) mentions that in 3 out of 4 cases of diphtheria he found that the urine contained some substance which reduced Fehling's solution, but that in another series of 25 cases examined *ad hoc* reduction was not observed in a single case. The 4 cases first mentioned were all treated by aseptol or naphthol, and Grognot suggests that the treatment may have been responsible for the appearance of the reducing body in the urine.—*British Medical Journal*.

DEATH-ADDER BITE IN AN INFANT: RECOVERY.

AT 5 P.M. one day a female infant 16 months old was bitten on the third finger of the left hand by a death-adder. A few minutes later the top of the third finger was removed, and the stump sucked, and then drenched with ammonia, and ligatures applied to the arm. She was taken to the nearest hospital, where she was seen at 8 P.M. by C. A. W. Hunt, who records the case (*Austral. Med. Gaz.*, December, 1891). The child was almost comatose, body and extremities cold and clammy, pupils widely dilated and insensible to light, pulse too rapid, feeble, and irregular to be counted; the face was pinched and slightly cyanotic, and the strongest cutaneous stimuli failed to excite response. The clothes were removed, and the child wrapped in hot flannels with a hot bottle to the feet; liq. strychninae (miv) was injected into the right arm, the left being much swollen owing to the ligatures, which were now removed. A strong faradic current was applied to the nape of the neck and along the spine, and in fifteen minutes a second dose of strychnine of the same amount was injected. The pulse then improved markedly, the pupils began to contract and react to light, the body heat was restored, the stimulus of the battery was responded to more quickly every minute, and the child recognized its parents and took notice of what was going on. By 10 P.M. the infant was practically out of danger, and was quite well the next day. In the same journal several cases of the successful treatment of snake bite by strychnine are recorded, but this is probably the youngest patient known to have recovered. *British Medical Journal*.

AMNESIA.

CHARCOT (*Rev. de Méd.*, March, 1892) reports a case of amnesia, probably of hysterical origin, and which he terms retro-antegrade. A woman, aged 34, previously well, suddenly received a (false) report on August 28th, 1891, that her husband was dead. She became delirious with hallucinations, and later lethargic, the whole attack lasting three days. It was then found that she had lost all recollection of events occurring between July 15th and August 28th (period of retrograde amnesia), although it was ascertained that her memory during that period had been perfect. Events which occurred before July 15th were very clearly and exceptionally well retained. Why the loss of memory should have begun on that date, no sufficient reason can be given, but this is noted also in traumatic amnesia. After the attack she could apparently hardly recollect anything of what was going on round about her, but that events were registered is clear from the fact that they were reproduced in sleep and in the hypnotic state. This condition would thus seem less grave, as it shows only a dynamic loss and not a destructive amnesia. Thus, for instance, the fact that she had been bitten by a dog in October (that is, within the period of anterograde amnesia) was absolutely forgotten in the waking state, but clearly recollected in the hypnotic sleep. Although there was no marked evidence of hysteria, Charcot thinks that the case is of that nature, and that the patient had passed through a delirious phase of that disease into this amnesic state. The long duration—namely, four months—is not astonishing when compared with hysterical vigil-ambulism. A slow recovery, with the help of suggestion, is to be anticipated. (A note made in January, 1892—that is, nearly a month later—shows that the patient had already begun to improve.) *British Medical Journal*.

SALIPYRIN IN INFLUENZA.

Dr. Arthur Hennig, of Königsberg, states (*Allgemeine med. Central Zeitung*, No. 93, 1891) that salipyrin exerts a favorable action on influenza, especially in the nervous and cardiac forms of that disease. It is equally efficient in the gastric and respiratory forms. In the latter cases it may be combined with expectorants and intestinal antiseptics. Salipyrin is dissolved with difficulty in water, but may nevertheless be given in that liquid. Hennig recommends the following formula:—

R Salipyrini,..... 6 grammes (ʒiiss).
Glycerini,..... 14 grammes (ʒiiiss).
Syr. rubi idæi,..... 30 grammes (ʒviiss)
Aque destillate,.... 40 grammes (ʒx).—M.

Sig.—A tablespoonful every half hour, until all is taken.

Professor V. Mosengeil, of Bonn, indorses Hennig's opinion concerning the specific action of salipyrin in influenza. All complications, however, require special treatment, but with Hennig's treatment complications are less frequently met with.—*La Médecine Moderne*, December 17, 1891, p. 878.

THE NEW TREATMENT OF PNEUMONIA BY LARGE DOSES OF DIGITALIS.

Petresco claims that digitalis in large doses does good not only in infectious croupous pneumonia, but even in broncho- and pleuro-pneumonias. He claims to have cut short this disease by this sole treatment in from twenty-four to forty-eight hours, during which time he has observed an abrupt fall of temperature from 106.5° F. (the highest seen) to 98°, 96.8°, and even 95° F., together with a marked reduction of the pulse, which, from as high as 140, and even higher, was brought down to 60, 40, 30, and, in one remarkable instance, to as low as 24. In the last case, the patient fell into a quiet sleep, this being followed by a local and general improvement. In 825 cases, treated by him since 1883, exclusively by large doses of the drug, he has had a mortality of 2.06 per cent. Bennet, it will be remembered, obtained under the tonic treatment a mortality of 3 per cent. in 129 cases, and a mortality of 6.08 per cent. in 720 cases under the expectant treatment. In the experience of Edinburgh, in a record of 698 cases, treated by venesection alone, the mortality was 34.5 per cent., which speaks for itself. Petresco used 60 to 90 grains (4 to 6 grammes) a day, in infusion, for three and four days consecutively, and in these doses never noticed untoward effects, such as vomiting, diarrhoea, disturbance of the pulse, and, much less, collapse.

The latest contribution to this subject is that of Tikl, of Vienna. Sixty-one carefully-studied observations were made by him of which 47 were cases of fibrinous and 14 of lobular pneumonia. All these cases were inclusively treated with large doses of digitalis. Only 1 death occurred, giving a mortality of 1.65 per cent. In the whole series of these cases, some disagreeable, but not fatal, symptoms were observed: in 2, there was a moderate collapse; in 12, vomiting; in 4, an intermittent pulse; and in a few, slight diarrhoea. These effects disappear on suspension of the drug, after which the good results come on rapidly. Tikl prescribed, during twenty-four hours, 3 grammes (45 grains) of digitalis in 200 grammes (6½ ounces) of water in the form of an infusion.—*Medical and Surgical Reporter*, December 12, 1891, p. 941.

THE EXCISION OF CARBUNCLES.

Wölfler (*Centralblatt für Chirurgie*, No. 40, 1891) writes as follows: The slow healing of carbuncles after treatment by the usual method of deep incisions, the gangrene of the skin, and the danger of renewed infection of the adjacent parts, as well as the formation of a frequently disfiguring cicatrix, induced Riedel, since 1883, to excise at once in all cases. For this purpose a circular incision is made around the infiltrated parts. This is followed by radiating incisions, starting from the periphery of the previous one, and perpendicular to it, in the direction of the sound tissue. The carbuncle itself is not incised. In this way, at least four skin flaps are formed. These are cleared of inflammatory products. Once beyond the area of infiltration, the knife must be carried down to the fascia of the muscles and the whole of the morbid tissue removed, to bring the operation to an end. There is frequently very free bleeding, which is arrested by pressure and plugging. On the evening following the operation, the temperature tends to become normal; on the following day, the skin-flaps are brought nearer together. The central solution of continuity allows escape of secretions. Riedel praises this method for the following reasons: 1. A harmless loss of skin and subcutaneous tissue gets rid of a dangerous focus of inflammation. 2. The excision brings the local morbid processes to an end at once, and, consequently, all danger of general infection is removed. 3. The loss of sound tissue is small. 4. The healing is rapid. 5. The cicatrix is good.—*The Provincial Medical Journal*, December 1, 1891, p. 751.

GLYCERIN FOR BURNS.

M. Grigoresen, of Bucharest, highly recommends pure glycerin as a remedy for burns. On first application, a slight burning feeling is experienced, which soon gives way to a local anæsthesia, somewhat resembling that produced by carbolic acid. In severe cases, two or three applications should be made, so that the parts are kept constantly wet with the glycerin. Under this treatment, the inflammation is subdued almost completely, and only a slight cicatrix is usually left.—*Notes on new Remedies*, December, 1891, p. 81.

GALVANISM IN GYNÆCOLOGY.

Engleman, of Kreutznach, discusses (*Deut. Med. Woch.*) the value of galvanism in gynæcology. He believes that a retrograde metamorphosis in fibroid tumors is seldom had under galvanism,—at least, enough to show sensible diminution in size; endometritis is benefited, hæmorrhage and leucorrhœa disappear, pressure symptoms are relieved, reflex neuroses disappear; and he thinks the method of value

as an adjunct to other plans.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 306.

THE INDUCTION OF LABOR-PAINS BY ELECTRICITY.

Freund reports (*Centralblatt für Gynecologie*) the induction of labor-pains by the application of electricity to the mammary gland. He applied the cathode to the gland and the anode to the abdomen. Five to seven milliamperes are suggested.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 306.

BELLADONNA IN THE FIRST STAGE OF LABOR.

When, notwithstanding persistent pains, the os uteri does not dilate sufficiently (especially if the patient be a primipara), Asher (*Australian Medical Journal*) recommends the administration, every hour or at shorter intervals, of 20 to 30 drops of the tincture of belladonna (never less than 20 drops). In numerous cases in which he tried this treatment, the results were always excellent,—rapid diminution of the pains, energetic dilatation of the os. Belladonna is superior to chloral.—*Rev. Méd.-Chir. des Mal. des Femmes*, October 25, 1891, p. 625.

FISSURES OF THE NIPPLE.

Vinay recommends the following application for cracked or fissured nipples:—

R Aristoli..... 4 grammes (ʒj).

Vaselini liquidi..... 20 grammes (ʒv).—M.

Sig.—Paint the nipple with a camel's hair pencil, dipped in this liquid, after each nursing. Care should be taken to pinch the base of the nipple to expose the papillæ and discover all the cracks or fissures.—*Rev. Méd.-Chir. des Mal. des Femmes*, October 25, 1891, p. 626.

Dr. Frank Van Allen writes to the *New York Medical Journal* that he has found the painting of the nipples several times a day with the white of egg a most successful remedy in this distressing complaint. The albumen may best be applied just after nursing, while the nipple is still moist from the baby's mouth. The film should be allowed to dry on thoroughly before covering the breasts. It is well to moisten the nipple just before the baby is again put to the breast.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 299.

IODO NAPHTHOL-BETA—A NEW ANTISEPTIC.

M. Braille (*Répertoire de Pharmacie*) has prepared with naphthol-beta and iodine a new antiseptic resembling aristol to which he has given the name iodo-naphthol-beta, or naphthol-beta diiodide. It is an inodorous, tasteless, greenish-yellow powder, insoluble in water,

slightly soluble in ether, freely soluble in chloroform, and almost insoluble in alcohol or acetic acid.—*La Médecine Moderne*, November 19, 1891, Supplement, p. 86.

THILANIN.

Thilamin is a new product of lanolin, devised by Seibel, a chemist in Berlin. It is a "brown, sulphuretted lanolin," containing, presumably, 3 per cent. of sulphur; but this fact is not positively vouched for by Dr. Edmund Saalfeld, of Berlin, who made the first announcement and report on this product before the Congress of the German Dermatological Society (Leipzig, September, 1891). Thilamin is designed to replace ichthyol and thiol, and its claims for preference are based on its more convenient form and greater purity. As an offspring of lanolin it is, of course, entitled to favorable notice; but it will hardly independently supersede ichthyol, and much less the synthetic, chemically pure, and non-toxic thiol.—*Notes on New Remedies*, November, 1891, p. 68.

PAPAIN.

Dr. G. Herschell, in a memoir on "Indigestion," describes the origin and nature of this ferment, and cites the evidence upon which its powerful peptonizing influence was established. Experiments conducted with a view to deciding whether the substance produced true peptone or not resulted in conclusive proof that the former was the case. For practical purposes, says Dr. Herschell, as a digestive ferment, to be given medicinally, papain presents the following advantages over pepsin and pancreatin:—

1. It will convert or digest many more times its own weight of meat than they are able to.
2. It can be used when pepsin and pancreatin are contra-indicated or powerless. (This latter, as known, is the case when the stomach contents are too concentrated or insufficiently acid. Under these conditions pepsin is of little or no value, while papain acts energetically).
3. As regards albuminoids, it combines in itself the joint action of pepsin and pancreatin.
4. It can be given combined with acids, alkalies, or antiseptics, as indicated by the demands of the case.
5. It has a local action on the stomach that pepsin has not.
6. It is not so repulsive to the mind as pepsin, as it is purely vegetable.

Thus, papain is indicated in deficiency of the gastric juice, excess of unhealthy mucus in the stomach, irritable condition of that viscus, and duodenal dyspepsia.—*Notes on New Remedies*, December, 1891, p. 86.

ANÆSTHESIA.

VOMITING IN CHLOROFORM NARCOSIS.—Pauch (quoted by the *Reichs-Medicinal-Anzeiger*, July 29, 1892) attributes vomiting in chloroform-anæsthesia to the direct action of chloroform upon the gastric mucous membrane, which is favored by frequent swallowing of the increased salivary secretion.

Hence, to avoid vomiting, it is well to incite patients, while being narcotized, to expectorate frequently, to prevent swallowing the anæsthetic.

Senewitch successfully treated 6 cases of long continued vomiting, following anæsthesia, by washing out the stomach with a $\frac{1}{2}$ to 1 per cent. warm solution of soda.

OBSTETRICAL ANÆSTHESIA.—Dührssen (*Berliner klinische Wochenschrift*, No. 15, 1892) says that general practitioners have too great a dread of anæsthetics in labor, which can very well be employed without assistants.

The author prepares the patient, renders her and himself aseptic, and then devotes his exclusive attention to narcotizing her. As a rule, unconsciousness, once produced, suffices; when this is not the case, he draws the tongue forward and instructs the midwife to pour one or two drops of chloroform upon the mask, should the patient be aroused sufficiently to interfere with operation. The addition of chloroform must not be repeated, however, until the mask ceases to smell of chloroform. The author says that thus the physician is freed from responsibility, because most of the severe asphyxias occur during the beginning of narcosis, and when they happen later, it is owing to senseless additions of chloroform.

Aside of relief from pain, anæsthesia is of great value in:

1. *Precise diagnosis*.—The foetal pulse can be observed, which is often impossible when the patient throws herself about. The mother's pulse is not apt to deceive. If it remains above 100 during narcosis, it is not due to simple excitement but to severe crushing of the maternal soft parts, and, if the temperature is high, perhaps to sepsis.

Anæsthesia considerably facilitates exploration. In susceptible primipara without narcosis, the tense perineum may make it very difficult to reach high up into the pelvis for the purpose of ascertaining how deeply the head has entered it. Abnormal positions of the head can more readily be diagnosed and the head more extensively examined under narcosis than otherwise. Furthermore, the necessity of version is recognizable early and is more easily performed.

2. *Operative procedures*.—Where internal manipulations require support of the other hand externally, in pressing the womb toward the hand within it, anæsthesia facilitates the operation, particularly in combined version and

detachment of the placenta, in birth at term or premature labor. In such cases it is important to press the child's breech to the superior strait, which can be done only under narcosis, and then it proves surprisingly easy.

In detaching the placenta, the upper part of the womb must be specially pressed against the hand within, otherwise it cannot reach the fundus, particularly at the angles of insertion of the Fallopian tubes where the after birth is most firmly attached.

Anæmia is not a contra-indication to narcosis; on the contrary, anæmic parturients bear choliform well.

Tumors wedged into the pelvis, which would otherwise compel Cæsarian section, can often be rendered mobile and pushed out of the pelvis under narcosis, and delivery accomplished without the more serious operation.

Anæsthesia is also very useful in cases where a rigid os will admit only a finger, especially in multipara with transverse presentation of the child; under narcosis the hand often can be easily introduced and version and delivery performed.

In miscarriages, deep narcosis permits entrance into the cervical canal for the removal of placental remains.

Slight anæsthesia, produced by a few drops of chloroform, suffices to arrest spasmodic labor-pains and furthers the progress of parturition to a marked degree. Thus, cases in which the os has admitted but a finger for several days dilate within two or three hours.

The author designates the following as contra-indications to anæsthesia:

In *sepsis*, anæsthesia not infrequently produces deep asphyxia and death;

Tetanus uteri;

In *eclampsia* the author never induces prolonged anæsthesia, but delivers in deep narcosis, which prevents development of new attacks;

Defective cardiac action.—*Condensed Extracts.*

BURNS.

BISMUTH.—von Bardeleben (*Deutsche medicinische Wochenschrift*, No. 23, 1892) recommends the topical employment of bismuth in burns, except those of a slight character, in which weak solutions of silver nitrate and elastic collodion suffice. He thinks severe burns requiring early amputation may also be excepted from burns amenable to the bismuth treatment.

After thoroughly cleansing the burned sites, the author washes them with 3 per cent. carbolic or 3 per cent. salicylic acid solution. He then removes any blisters and their contents that may be present, employing antiseptic precautions while so doing. Then he thoroughly powders the whole region with

R Bismuth. subnit. subtiliss. pulv.

Amyl.....aa. 50,0 (5 XIIss.)

M. f. pulv.

This he dresses with layers of cotton which, when saturated by the secretions, are removed, except the lowermost layer, which is left to maintain exclusion of the air. This dressing may be left *in situ* 1 or 2 weeks, even a month, thus avoiding all pain incidental to change of dressing.

In most cases the pain of the original injury disappears within a few hours after applying the bismuth.

In burns of the face von Bardeleben uses no other dressing. He disinfects the burn, removes the bullæ, and powders the wound with bismuth. The crusts developed are gradually removed in a week or two by grease, especially where they are most adherent, *i. e.*, at hairy surfaces, such as the eye-brows, beard, etc. If any denuded surfaces remain, they soon are covered with skin under the employment of silver nitrate.—*Condensed Extracts.*

CASTOR OIL (PALATABLE).

Der Kinder-Arzt, July, 1892, mentions a savory castor-oil recently introduced by Töllner and Bergmann, of Bremen. They repeatedly treat the oil with hot water and the addition of saccharin, until it tastes like a thin syrup. Then small quantities of the aldehyde of Ceylon cinnamon-oil and some essence of vanilla are added until all traces of the scratching taste disappear. Its action is the same as that of ordinary castor-oil.—*Condensed Extracts.*

THE DANGERS OF DRINKING WATER.

News of typhoid fever in Dublin, and the large number of typhoid attacks in the Riviera among the American and European travellers, attributed chiefly to polluted drinking-water, had hardly become familiar to the profession before it heard that strenuous efforts were being made to remove the evils of Chicago drinking-water, and more recently the reports about the dangers of the drinking-water which Paris takes from the River Seine have created alarm, in view of the choleraic disturbances. All of these circumstances have again directed attention to natural mineral waters of dietetic rather than medicinal character. These dietetic waters, more generally called "table waters," if pure, are of great value as hygienic agents. Travellers are those who are oftenest exposed to the dangers of the bad drinking-water which the majority of communities furnish. Therefore they should as much as possible confine themselves to the use of well-known and admittedly pure table waters, and this is quite practicable. There is at least one such, the Apollinaris, which can be found everywhere. Where such waters can not be obtained, the ordinary drinking-water, if the least suspicion attaches to it, should be boiled before using.

THE CANADA MEDICAL RECORD.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London.**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, OCTOBER, 1892.

THE LESSON OF THE CHOLERA.

The cholera scare is already a thing of the past. While the scare was here it did good work by frightening the people into demanding that the Dominion government do what it should have done long ago at the request of its scientific advisers, namely, to put the quarantine system of the country in an efficient condition. Now that full particulars of the origin and progress of the disease are at hand, we are in a position to reiterate with authority what we only ventured to surmise in our last issue. Hamburg was the great source of danger to this continent, being the great port of embarkation for the emigrant from Russia to America. The epidemic occurred in the following manner: A number of Russian Jews with cholera arrived by train, and were duly taken to the emigrant sheds on the American quay. Their motions were a few minutes later polluting the Elbe, the water of which was soon filling the tanks of the vast fleet of ships moored below this point. From the ship's tanks to the sailors' and passengers' stomachs was but a short journey, and there is no wonder that the disease broke out on board. The only wonder is that any of those on board these ships escaped at all. The explanation is to be found in the fact

that the water is generally so uninviting on board ship that few could drink it raw, but generally take it boiled in the form of tea or coffee or soup, while those who could afford it drank bottled beer. It has also been shown that the water supply of Hamburg, which is only Elbe water filtered, was quite insufficient for the number of inhabitants, so that several thousand of the poorer class living on the river front took their supply directly from the infected Elbe. Something also has been learned with regard to treatment. The only method which proved of any avail was the subcutaneous or intravenous injection of 1000 to 1500 cubic centimetres of physiological salt solution, which opposes the tendency to death caused by the solidification of the blood. After the entrance of 400 cubic centimetres, patients already pulseless and in collapse would generally revive, and most of the cases so treated recovered. The only other method that seemed to be of any service was frequent washing of the intestines with 1 to 4 drams of tannic acid to 2 or 3 pints of hot water; but whether this is administered by the mouth or by enema does not seem quite clear. It acts by closing up the open papillæ of the intestine which permit the water of the blood to escape. All other remedies, such as salol, calomel, opium, castor oil, seemed to have proven useless.

DOMINION RECIPROCITY.

At the invitation of the College of Physicians and Surgeons of Ontario, there will assemble in Ottawa, on September 20th, representatives from the legal Medical Boards of the various Provinces. It has for a long time been evident that some arrangement must be come to, whereby a legally qualified medical man in our Province can with ease have the whole Dominion open to him. To come to such an arrangement is the object of this meeting. We sincerely hope that mutual concessions will be made, and the grand object achieved. Towards this end our own Province has been working for several years, and we feel certain that at the forthcoming meeting its representatives can be depended on to throw no obstacles in the way.

PAMPHLETS RECEIVED.

INSOMNIA IN AN INFANT.—With Reflections on Pathological Sleeplessness. By C. H. Hughes, M.D., St. Louis, Mo.

MEDICAL MANHOOD AND METHODS OF PROFESSIONAL SUCCESS.—Valedictory address before the Graduating Class of the Marion Sims College of Medicine, at St. Louis, April 25, 1892. By C. H. Hughes, M.D., St. Louis, late Professor of Neurology, Psychiatry and Electrotherapy, now President of Barnes Medical College.

NOTE ON THE HYSTERICAL CONCOMITANTS OF ORGANIC NERVOUS DISEASE.—By C. H. Hughes, M.D., St. Louis.

TUBERCULIN AND THE LIVING CELL.—An inquiry as to how the One Aids the Other in the Fight against Tuberculosis. By Charles Denison, A.M., M.D., Professor of Diseases of the Chest and Climatology, University of Denver; Author of "The Rocky Mountain Health Resorts;" "The Annual and Seasonal Climatic Maps of the United States," etc.

CLINICAL REPORT OF CYSTECTOMY FOR POLYCYSTIC OVARIAN TUMOR.—By Prof. Howard A. Kelly.

GYNÆCOLOGICAL TECHNIQUE. A brief summary of the principles involved, as well as the technique of the gynæcological operations performed in the Johns Hopkins Hospital. The significance of the operation and its technical surroundings to gynæcological practice. By Howard A. Kelly, M.D., Professor of Gynæcology and Obstetrics in the Johns Hopkins University.

THE RESEMBLANCE OF SOME FORMS OF BENIGN DISEASE TO MALIGNANT. By Edward W. Jenks, M.D., LL.D., Detroit.

THE RELATIONS OF GOITRE TO PREGNANCY and derangements of the generative organs of women. By Edward W. Jenks, M.D., LL.D., Detroit.

THE PRACTICE OF GYNÆCOLOGY IN ANCIENT TIMES. By Edward W. Jenks, M.D., LL.D., Detroit.

COLPO-PERINEORRHAPHY. By Edward W. Jenks, M.D., of Detroit.

THE EDUCATION OF GIRLS FROM A MEDICAL STANDPOINT. By Edward W. Jenks, M.D., LL.D.

REPORT OF A CASE OF CESAREAN OPERATION, WITH SOME COMMENTS. By Edward W. Jenks, M.D., Detroit.

THE THERAPEUTIC ASPECT OF SOME OVARIAN DISORDERS. By Edward W. Jenks, M.D., LL.D., Detroit, Mich.

BOOK NOTICES.

DISEASES OF WOMEN.—A Manual of Non-Surgical Gynecology, designed especially for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., instructor in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women; Physician to the Department of Gynecology, Boston Dispensary. Second edition, revised and enlarged. With numerous illustrations. Philadelphia: Lea Brothers & Co., 1892. Price \$1.50. The fact that a second edition has been called for so soon after the appearance of the first is a proof that we did not over-estimate its value in our previous review of it. This edition is still better than the first.

THE STUDENTS' QUIZ SERIES.—Practice of Medicine. A Manual for Students and Practitioners. By Edwin T. Doubleday, M.D., Attending Physician New York Hospital, Out-Patient Department, and Member New York Pathological Society; and J. Darwin Nagel, M.D., adjunct to the Department of Nervous Diseases of the New York Polyclinic; Visiting Physician to the French Hospital; Member New York County Medical Association. Series edited by Bern. B. Gallaudet, M.D., demonstrator of Anatomy, College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Philadelphia: Lea Brothers & Co. Price \$1.00. This is a useful little book, in the form of questions and answers. The compilation is well done.

"SATURDAY NIGHT'S" CHRISTMAS FOR 1892.—The cover, which contains a picture in photo-lithograph in seven colors and as many half tones, is "Ye Gentlemen and Dames of Olden Times." The pictorial supplement, which is larger than that of last year, is a reproduction of a picture owned by the proprietors of SATURDAY NIGHT, entitled "Her Bright Smile Haunts Me Still." It is exceedingly lovely, and no one can pass it without turning to look again at the beautiful face and the look of farewell. The stories this year are as follows:

"Tom's Little Sister," by John Habberton, author of Helen's Babies.

"The Nephew of His Uncle," by Octave Thanet, author of Expiation. (The most popular magazine writer in America).

"The Rich Relation," by George Parsons Lathrop. (There is no more attractive name in American magazines.)

"Kate Gordon's Christmas Miracle," by Julian Hawthorne.

"Little Lady," by Ida Burwash, probably the prettiest story in the book.

"Senor the Engineer," by Edmund E. Sheppard.

All these stories are magnificently and copiously illustrated by the best artists in New York and London. Mr. Sheppard's story is being specially illustrated by Mr. F. A. Feraud of New York, from photographs and studies made by the author while in Mexico, and, artistically at least, this will be one of the most prettily illustrated tales that has ever appeared in America. It can be well understood that the well known names in the above list cost a great deal of money to procure for a Christmas magazine, but Christmas is the one time when *Toronto Saturday Night* advertises itself and in its Christmas number it does it well. *The Newsdealer, Publisher and Stationer's Bulletin*, the Canadian correspondent of which has seen advance copies of all that is promised by *Saturday Night* this year, says that "It will doubtless be the most beautiful publication ever attempted in America, and compares more than favorably with *Figaro* and the most expensive Old Country Christmas numbers." It is something for Canadians to boast of, for while much of the work requiring the greatest possible artistic skill has to be done abroad, the enterprise is purely Canadian and will rebound to the credit of Canada.

OBSTETRICS, by Charles W. Hayt, M.D., House Physician Nursery and Children's Hospital, New York. Being volume 11 of The STUDENTS QUIZ SERIES. Pocket size, 190 pages, \$1.00. Philadelphia, Lea Brothers & Co., 1892.

In the preface the author says, in the writing of this Compend the object sought has been to place before the student the most important matter in the subject of Obstetrics in as condensed a manner as possible. Much has been omitted in the way of theories and obscure or disputed points, which are appropriate only in an extended text-book.

Brief manuals have a position of unquestionable value to the student and practitioner, provided the text is clear, accurate, and well proportioned to the importance of the many subjects necessary to a practical comprehension of the whole. These requisites have been borne in mind in the preparation of the present volume.

In its compilation the following works have been consulted, as well as notes taken at the lectures of Dr. James W. McLane of the College of Physicians and Surgeons, New York City: Charpentier's *Cyclopadia of Obstetrics and Gynecology*, Hirst's *System of Obstetrics*, Playfair, Winckel, Lusk and King.

The illustrations are taken from Playfair and King.

It is surprising what a large amount of well arranged information can be obtained from this small work. We can heartily recommend it.

PRINCIPLES OF THEORETICAL CHEMISTRY, with special reference to the Constitution of Chemical Compounds. By Ira Remsen, M.D., Ph.D., Professor of Chemistry in the John Hopkins University, Baltimore. Fourth and thoroughly revised edition. In one handsome royal 12mo. volume of 325 pages. Cloth, \$2.00. Just ready. Philadelphia, Lea Brothers & Co., 1892.

The author says: In preparing this new edition I have been tempted to change the book fundamentally, and give it a character more in keeping with the recent tendencies of work in the field of Physical or General Chemistry. But, taking everything into consideration, I have concluded to resist the temptation, and remain true to the original title and character of the book. Accordingly, it is essentially what it has been—a brief treatise on those facts and speculations that have to deal especially with the problem of the constitution of chemical compounds. My object has been and is to help students to get clear ideas in regard to the foundations of chemistry. That the treatment has been regarded with favor is shown by the fact that four editions of the book have been demanded in a comparatively short time; and further, by the fact that, since the appearance of the last American edition, it has been translated into German and into Italian. I believe that all changes called for by the advance of the science have been made, and that this edition will be found abreast of the times. The chief addition is a short Chapter on Solutions.

It is not a book that we can recommend to any but the most advanced students of chemistry. It is of little use to students or practitioners of medicine.

MATERIA MEDICA AND THERAPEUTICS, by L. F. Warner, M.D., Attending Physician St. Bartholomew's Dispensary, New York. Being volume 5 of the students quiz series. Pocket size, 224 pages, \$1.00. Philadelphia, Lea Brothers & Co., 1892.

There are some who are entirely opposed to the Quiz series of books for students, but we do not agree with them. The number of subjects has increased so much and the mass of knowledge pertaining to each department has become so large, that it is utterly impossible for the student to read all the large text-books, some of them comprising over two thousand pages of closely printed matter. We therefore think that these books fill a want; and if they are carefully prepared, as the one under notice undoubtedly is, they prove of real service to the overburdened student and busy practitioner who want to get at the facts without wading through a mass of conflicting theories.

The author has admirably succeeded in his endeavor to furnish a work containing a convenient and concise statement of the most important facts in *Materia Medica* and *Therapeutics*.

REPORT ON ABDOMINAL AND PELVIC SURGERY, INCLUDING THIRTY-TWO SUCCESSFUL CASES OF LAPAROTOMY. Report of the Chairman of the Committee on Abdominal and Pelvic Surgery, read before the Kentucky State Medical Society, May 6, 1892. By William H. Wathen, M.D., of Louisville, Ky. Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; ex President of the Section on Obstetrics and Gynecology of the American Medical Association; ex-President of the Kentucky State Medical Society; Fellow of the American Gynecological Society, of the American Association of Obstetricians and Gynecologists, and of the Southern Surgical and Gynecological Society; Consulting Gynecologist to the Louisville City Hospital, etc.

A MANUAL OF OBSTETRICS.—By A. F. A. King, A.M., M.D., Professor of obstetrics and diseases of women and children in the medical department of the Columbian University, Washington, D.C., and in the University of Vermont; President (1885-86-87) of the Washington Obstetrical & Gynecological Society; Fellow of the British Gynecological and of the American Gynecological Societies; consulting physician to the Children's hospital; consulting physician to the Woman's Dispensary, Washington, D. C.; obstetrician to the Columbia Lying-in hospital; member of the Medical, Philosophical, Anthropological and Biological Societies of Washington, D.C., etc. Fifth edition with one hundred and fifty illustrations. Cloth \$2.50. Philadelphia, Lea Brothers & Co., 1892.

The author says: The chief purpose of this book is to present, in an easily intelligible form, such an outline of the rudiments and essentials of Obstetric Science as may constitute a good ground work for the student at the beginning of his obstetric studies, and one by which it is hoped he will be the better prepared to understand and assimilate the extensive knowledge and classical descriptions contained in larger and more elaborate text books. Confessedly, in great part, a compilation from these, it is upon the more recent treatises of Leishman, Playfair and Lusk that I have most largely depended as authorities in dealing with matters that are still unsettled, and it is with pleasure I acknowledge my indebtedness to these authors.

Whatever value the book may possess as a book of reference for the practitioner, I cannot but hope it may prove of service to those whose onerous duties allow but little leisure for con-

sulting larger works, and who simply desire to refresh their minds upon the more essential points of obstetric practice.

Dr. King has long been known as a most accomplished writer on the subject of obstetrics and gynecology. He has succeeded admirably in furnishing a good groundwork to the obstetric student at the outset of studies. Although ostensibly written for students, the busy practitioner will find much information within its pages that he will not find in any work. Of the 141 illustrations it may safely be said that they all illustrate, and that the engraver's work is excellent. From every standpoint we can heartily recommend the book to practitioner and student.

A MANUAL OF CHEMISTRY, for the use of students of medicine. By Arthur P. Luff, M.D., B.Sc., Lecturer on Medical Jurisprudence and Toxicological Chemistry, St. Mary's Hospital Medical School, London. In one 12mo. volume of 522 pages, with 36 engravings, Cloth, \$2.00. Philadelphia, Lea Brothers & Co., 1892.

This book has been written to bring together in concise form those portions of chemical science that directly or indirectly bear upon the study and practice of medicine. As is usual with all the Lea Brothers publications. The paper and type are excellent, while the author has succeeded in presenting within a small space an unusually complete work on chemistry. In part five, illustrations are given of the modes of working out the various chemical problems,—a feature which we have not noticed before in similar works.

AN AMERICAN TEXT BOOK OF SURGERY, for practitioners and students, by Charles H. Burnett, M.D., Phineas S. Conner, M.D., Frederick S. Dennis, M.D., William W. Keen, M.D., Charles B. Nancrede, M.D., Roswell Park, M.D., Lewis S. Pilcher, M.D., Nicholas Seen, M.D., Francis J. Shephard, M.D., Lewis A. Stimson, M.D., William Thomson, M.D., Colin Warren, M.D., J. William White, M.D., edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. Profusely illustrated, Philadelphia. W. B. Saunders, 913 Walnut, Price \$7.00 net cloth, \$8.00 sheep, \$9.00 half Russia.

The great advances which have been made in the science and art of surgery, within the last few years, has created a need for new sources of reference, both for the student and the practitioner—a need which has been met with to some extent abroad, but not so thoroughly in this country. For this reason the present text-book has been prepared by American authors who are teachers of surgery in leading medical schools and hospitals. Many of the most important subjects are considered from a new standpoint, and especial prominence

has been given to Surgical Bacteriology and to the most recent methods of treatment, particularly in relation to asepis and antiseptis and to the newer methods in those departments in which of late such notable progress has been made, as in cerebral, spinal, abdominal and pelvic surgery, etc.

The entire book has been submitted in proof sheets to all of the authors for mutual criticism and revision. As a whole, the book may therefore be said to express upon important surgical topics the consensus of opinion of the surgeons who have its preparation. While it thus represents in general the views of all the authors, each individual author is free from absolute responsibility for any particular statement. Many of the illustrations are original, among these the bacteriological colored plates and the numerous half tone plates which are reproduced with great fidelity from photographs of patients or of specimens, and which add to the value of the work both artistically and surgically. As it contains over twelve hundred pages including over four hundred wood cuts and forty plates, it is not surprising that the various subjects are treated in a very thorough manner, although not exhaustively. It is apparently condensed as much as possible, but this has no doubt been a difficult task where so many as thirteen very able writers have been at work in it together. What strikes us most, looking carefully over half a dozen or more subjects, is the fact that every chapter seems thoroughly up to date. We can find no fault of omission. If there is any fault at all it is the size and voluminousness; but, in the opinion of many, this fault is a good one. That it is a first class book of reference there cannot be the slightest doubt; but whether the student will be able to read it through is very doubtful, life is so short and our art is so long. For teachers of surgery and for surgeons, either specialists or practitioners, devoting special attention to surgery, the work is admirable and well worth the price charged. Messrs. Saunders deserve the highest praise for their success in carrying such a heavy undertaking to completion and for the excellent quality of the mechanical part of the work, such as paper, type and binding. On the whole it is far ahead of any single volume on surgery that we have yet seen.

THE READY-REFERENCE HANDBOOK OF DISEASES OF THE SKIN. By George Thomas Jackson, M.D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York; Professor of Dermatology in the Women's Medical College of the New York Infirmary. In one handsome duodecimo volume of 534 pages, with 50 engravings and a colored plate. Cloth, \$2.75. Philadelphia, Lea Brothers & Co., 1892.

The author's large experience as a prac-

titioner and teacher has been brought to bear in producing a work admirably adapted to convey a practical knowledge of Dermatology. It would be difficult to conceive of a work more exactly suited to the needs of both students and practitioners. Richly illustrated, issued in convenient form, and at a price within the means of all, the volume is assured of wide usefulness.

Among its special features may be noted an alphabetical arrangement of diseases, the English, French, German and Latin synonyms, and also the pronunciation. A great deal of useless matter usually found in works of the kind has been left out, only what is thoroughly practical being retained. As usual with Messrs. Lea Brothers, publications, the type and paper make it a pleasure to read it.

LITERARY NOTE.

We are informed that in view of the general interest awakened in the Cholera, Dr. Klein's well known little book on "The Bacteria in Asiatic Cholera," published by Macmillan, has been reduced in price to one dollar. Dr. Klein is lecturer at St. Bartholomew's Hospital, London, and is an acknowledged authority on Bacteria.

LUNCHEON TENDERED TO THE MEMBERS OF THE AMERICAN GYNAECOLOGICAL SOCIETY AT HOTEL ST. GEORGE, BROOKLYN, SEPTEMBER 20th, 1892.

The following favorite prescription of Prof. A. J. C. Skene of Brooklyn, was ordered for the Fellows of the American Gynaecological Society at its Brooklyn meeting and proved very palatable and exhilarating.

Extracti carnis in poculis,	3 ij
Olivae Hispanicae,	3 ss
Amygdalæ salsæ,	3 j
Raphani,	3 ss
Panis carnisque varietatis,	3 viij
Astici cum condimento Auroro,	3 iv
Vini Burdigaleusi,	3 i
Crusti glandii vitulini, modo Regino,	lb ss
Calidi quoddam Washingtoniensis,	3 iij
Acetariæ e pullis gallinaceis,	3 ij
Acetariæ e astacis,	3 j
Solani esculenti cum condimento	
Mayonnaiseo	3 j
Vini Gallici	3 vj
Cremoris glaciis vanillæ,	3 j
Pastellæ vaiæ,	gr. iij
Pomæ diversæ,	gr. v
Caffææ,	3 ij
Spiriti frumenti,	ad libitum
Spiriti vini Gallici,	" "
Aquæ puræ,	q. s
Herbæ Nicotianæ.	

M

Sig.— 3 ij every five minutes.

The Canada Medical Record.

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MONTREAL, NOVEMBER, 1892.

No. 2.

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Original Communications.

SOME SUCCESSES AND FAILURES WITH ELECTRICITY IN GYNÆCOLOGY.

BY A. LAPHORN SMITH, B.A., M.D.,
M.R.C.S. ENGLAND,

Fellow of the American Gynaecological Society, Fellow of the American Electro-Therapeutic Association.

My experience with electricity in gynaecology has been limited to :

- 1st. Positive Galvano Punctures.
- 2nd. Negative Galvano Punctures.
- 3rd. Positive Intra-uterine Applications of Galvanism.
- 4th. Negative Intra-uterine Applications of Galvanism.
- 5th. Sacro-abdominal Applications of Galvanism.
- 6th. Vagino-abdominal Applications of Galvanism.
- 7th. Intra-uterine Bipolar Fine-wire Faradism.
- 8th. Vaginal Bipolar Fine-wire Faradism.

9th. Intra-uterine Coarse-wire Bipolar Faradism.

10th. Vaginal Bipolar Coarse-wire Faradism.

11th. Vagino - abdominal Coarse-wire Faradism.

Positive Galvano Punctures.—I have had one very marked success with positive galvano puncture in a case of enormous uterine polypus, in a patient who was so exhausted with hemorrhage that no surgeon would dare to give her an anæsthetic in order to remove the polypus, which was the size of a seven months' fœtal head, and nearly filled the pelvis. Half-a-dozen positive galvano punctures were made into the tumor as a palliative measure, with the result that the hemorrhage and profuse watery discharge were stopped, and the patient improved so much in health that she would not entertain the proposal to remove the tumor, apparently suffering no inconvenience from it. I followed her up for about a year, since which I have lost track of her. Although I employed currents of 150 m., the treatment was absolutely devoid of pain.

On the whole, I am opposed to galvano

puncture, having lost one case through an error of diagnosis and neglect of strict antiseptic precautions, and having, in another, caused a good deal of suffering without proportionate results. My chief objection to it, however, is that it almost surely causes adhesions which, in case of the necessity ever arising for removal of the uterus, would greatly increase the difficulties of the operation. A minor but still important objection to punctures is that they frighten the patient away from continuing the treatment. I have to record one complete failure with negative galvanopunctures to relieve the pain of an impacted non-bleeding fibroid. The death above referred to is the only fatal or even dangerous accident I have had since I first began the use of galvanism.

With positive intra-uterine applications, on the contrary, my success has been almost invariable. I have employed them in rapidly-growing bleeding fibroids, in subinvolution, in *fungous endometritis*, and in *menorrhagia* from other causes, the disease having been arrested in about ninety per cent. of the cases. Success has been due to attention to the following points: Correct diagnosis; the introduction of a solid or flexible sound the whole depth of the uterus; the employment of a sufficient current strength to furnish at least twenty-five milliamperes to each square centimetre of surface of the sound, and the rigorous following out of the aseptic and all the minor details of the method as laid down by Apostoli. One of my failures (Miss B.) to arrest hemorrhage with positive intra-uterine applications of galvanism was due to the eating into a small uterine sinus with the end of the electrode, which, at that time, I was not in the habit of taking the precaution of insulating with a little wax.

This case would have been a complete success had it not been for this accident, but owing to the slight hemorrhage lasting

however two weeks I was led to class it as a failure, and the uterus was removed, the patient making a good recovery and now enjoying good health.

It is interesting to note that although she received over fifty strong applications with the clay electrode on the abdomen, there was not found the slightest sign of an adhesion anywhere, except at a small spot at the back of the uterus where the latter had been rubbing on the brim of the pelvis.

Another failure, Miss S., was due to the condition of the appendages which prevented me from giving adequate doses. By the aid of a little anæsthetic occasionally I was able to give her one hundred applications lasting each from seven to ten minutes and of an average strength of one hundred milliamperes. The tumor was reduced in size one-fourth, the hemorrhage was reduced fully three-fourths, and the patient regained her color. But her home being a thousand miles away, and as she feared that the hemorrhage might return when she would not be able to return for treatment, she urged me to perform hysterectomy, which I told her was the only absolutely certain treatment that would prevent hemorrhage returning. At the operation there was not a sign of an adhesion anywhere after one hundred applications of galvanism, some of the doses going as high as one hundred and seventy-five milliamperes. She made a rapid recovery, and is now in excellent health, performing her duties as principal of a high school where there are six hundred girls. So far from the treatment with electricity making the operation more difficult and complicating it with adhesions, I feel convinced that it had placed her in a much better position for undergoing it. I certainly should have dreaded undertaking the operation while she was in the exsanguinated condition which she presented when she first came under my

care. If she had resided in this city or anywhere where she could have reached me and received further treatment in case of a return of the bleeding she would not have required to have undergone the operation at all.

In another case of failure with the positive pole, Miss S., in the uterus, the patient had been sent to me with a diagnosis of fibroid, which had been made and confirmed by several leading surgeons. The tumor at first diminished in size, and the patient's general health was much improved, but after a time it suddenly began to grow again, when I sent her to the hospital for operation, at which I was present. The tumor proved to be a sarcoma of the ovary into a depression in which the uterus was imbedded, rendering it difficult to differentiate the one from the other by digital examination.

A brilliant success, however, was a Mrs. P., who had bled so much that as a last resort a leading gynæcologist in the city had packed her in ice. I kept her tamponed with alum tampons for a few days until I could improve her enough to be carried to my office. The introduction of a soft bougie to measure the depth of the uterus caused the blood to pour out on to the floor of my office before I had time to catch it. Her skin was waxy and absolutely colorless. After twenty or twenty-five applications her periods became perfectly normal, and have remained so for several years. I took the trouble to hunt her up a few months ago to present her to the medical society, and found that she had been in perfect health ever since, suffering no inconvenience whatever from the tumor which had been reduced fully a third. This woman would surely have died whether she had been operated or left alone; in fact, no one would have dared to operate on her in the almost pulseless condition in which I first saw her.

Another brilliant success was Mrs. S., an artist by profession, who had almost become a hopeless invalid, but who after only fifteen applications of galvanism was restored to almost perfect health, and has not lost a day from her work since. The tumor was reduced a third in size, and she suffers no inconvenience from it whatever. It is now three years since the last application, and she has had no relapse. Another successful result from the positive pole in the uterus was Miss A., chambermaid in the Windsor hotel, who was about to abandon her occupation when she came under my care, but after fifteen applications was able to resume her work, and has been well ever since—now two years ago.

Mrs. X., wife of a physician in this city, used to bleed so severely that she had to pass a week out of every month in bed, with her feet raised and her head low, and even then she would faint repeatedly; after ten applications she was so much improved that she was no longer obliged to remain in bed at all. I subsequently curetted the uterus and repaired lacerated cervix and perineum, and now she is enjoying very fair health.

Miss A. was sent to me from Scranton, Penn. She was an expert stenographer, but was unable to keep a situation because for ten days in every month she had to remain in bed. If she attempted to remain up, large clots would come away, so that she would have to stand in the office over a newspaper and allow them to fall on it, besides which she would saturate a dozen napkins a day with the serum. After one hundred applications, her periods came down to 3 days, and she is now married.

Mrs. P. from a distant city had to be carried into my office, but was able to walk a distance of two miles after having received ten applications. She received in all fifty applications, the last one three years ago, but she has remained well ever since.

One of my most recent successes is Mrs. F. of this city, who was effected with severe hemorrhages, and who after about twenty applications was relieved of all her symptoms. There has not been any return of the hemorrhage since leaving off the treatment three months ago.

Two cases which were sent to me as bleeding fibroids were not cured by electricity, as they subsequently proved to be one sarcoma and the other epithelioma of the uterus.

In both, however, the hemorrhage was arrested, although one has since died and the other will soon die.

All the cases so far mentioned with the exception of the last two of cancer were cases of bleeding fibroid tumors of the uterus, and they were all in women under forty years of age. They were all treated with positive intra-uterine applications.

In another case of a woman, Mrs. N., who had been bleeding steadily for a year, and who had also a bad lacerated cervix, there seemed no doubt about the cancerous nature of the disease. Her hemorrhage was permanently arrested by only half a dozen applications of the positive pole. My success in this case led me to entertain the hope that we had at our hand a cure for uterine cancer, but in another case far advanced the treatment proved an utter failure. If it is to be of any use the cases must be seen early.

Besides these fifteen cases I have treated about forty-five cases with the positive intra-uterine pole, for other conditions, principally for fungous endometritis, endometritis with hemorrhage at the periods, but also in cases of subinvolution. Of these forty-five cases I can only recollect two failures to arrest the hemorrhage. In every case the depth of the uterus was diminished. There has been no failure to produce this result. In one case the effect was especially gratifying, an old lady with her womb lacerated, large and heavy,

hanging between her legs, to whom I administered about half a dozen positive applications followed by coarse wire faradism. The womb became reduced to its normal weight so that a little toning up of the supports rendered them able to keep the organ within her body, where it remained till her death, two years later, from apoplexy.

The following cases were treated with negative intra-uterine galvanism, and gave me some of my most brilliant results.

Miss W., who had suffered agony for several years from pressure on the urethra and rectum, and was obliged in consequence to abandon her occupation as cook in a gentleman's family, was completely cured four years ago by about twenty applications, so that she was able to start and carry on successfully a large boarding house for which she now does both the cooking and the catering. The last time I examined her the tumor could not be felt.

Mrs. D., from a town near here, had suffered for eight years from pressure symptoms, but not from bleeding from a large interstitial fibroid. Her health had been completely broken down by the large quantities of morphine which her suffering necessitated. One hundred applications cured her, so that two years afterwards her physician wrote to me that the tumor had entirely disappeared. Although it is now over four years since her treatment, menstruation is regular and painless, and she continues in excellent health.

Miss McP. suffered so much from pressure symptoms that she was obliged to give up her situation as cook. Her tumor was growing rapidly. After about twenty applications the growth was arrested, and she felt so well that she entered the writer's service, where she has ever since, now five years, performed her duties without interruption.

Mrs. D. from Holyoke had a large sub-mucous fibroid which was growing rapidly,

After the first application there was no increase, while after the tenth there was so much diminution in the size of her waist that she decided that she was cured, and started for home. She was taken with severe expulsive pains on the train, and soon after reaching home she gave birth to a broken down fibroid about the size of a seven months child's head. Since which she has enjoyed good health.

In half-a-dozen other cases of fibroid the pains and pressure symptoms were fairly well relieved by negative applications.

In the treatment of dysmenorrhœa I have had some very gratifying results, so that I can say that I know of no treatment except removal of the appendages which can offer such good prospects of relief. Since reporting nine cases of dysmenorrhœa cured by negative galvanism, I have added half-a-dozen more to the list, while only one has utterly failed to be relieved, and one relapsed until she received two more applications, since which she has remained well.

With sacro-abdominal application of galvanism I have not had any marked success, although I have only given it a limited trial. With vagino-abdominal applications, I have seen the tender enlarged and prolapsed ovaries become lighter, painless, and to disappear from Douglas' *cul de sac*. I have also, on three occasions, seen the uterus, which was previously bound down and retroverted, become movable. While I can hardly believe that organized bands of adhesions can be dissolved, or, in the words of the electro-therapeutical poet, "Melt away like snow before the summer sun," I can believe that such a powerful alternative may so improve the circulation in the lymphatics that soft or liquid exudations may be re-absorbed.

With bipolar fine-wire faradism, I have treated at least fifty cases, principally of inter-menstrual pain, due to neuralgia of the uterus and ovaries, and of varicocele of the

pampinniform plexus. I have sometimes used it in some of the above-mentioned cases of fibroid in order to establish tolerance for the galvanic current. For any kind of pain in the pelvis, in which no organic disease of the uterus or appendages could be felt by careful bimanual examination I have found bipolar faradism invaluable.

Where it has failed to relieve, subsequent operation has revealed undiagnosed pus in the pelvis, for which, of course, there is only one treatment, and that is, evacuation. I have sometimes used it in the uterus, but most often in the vagina, which seems to me much safer and almost as effectual.

With coarse wire faradism I have also had very satisfactory results in cases of retroflexion due to atony of the uterus and also in cases of prolapsus. In one case of procidentia of a very advanced type it failed to keep the uterus up; but in at least a dozen other cases of more moderate degree in which the uterus was not much enlarged, a few applications of coarse wire faradism toned up the relaxed vagina and perineal muscles, especially the levator ani that the women have declared that they were greatly relieved, and some of them have even returned each succeeding summer during the hot weather to have their pelvic contents toned up. The subinvolted uterus like the uterus at the end of pregnancy responds very readily to the faradic stimulus, and anyone who has employed coarse wire bipolar faradism in the vagina cannot have failed to notice how the electrode is grasped by the sphincter of the vulva and drawn up by the levator ani.

Vagino-abdominal coarse wire faradism I have used several times with the view of shortening the round ligaments, as it has been demonstrated that the freshly removed round muscle will when stimulated by the faradic current lift a weight of a pound and a half off the table. But the

result was too slow in coming, so that I was tempted to perform Alexander's operation instead.

As this paper is entitled some successes and failures with electricity in gynæcology, I have not given a very detailed account of every case. It is rather a general stock-taking after nearly five years experience with it.

As far as I know, the harm I have done with it has been limited to one death and two miscarriages all due to mistakes in diagnosis. I believe that I have saved at least twenty women from operation and three or four from death, while I am absolutely positive, certain electrophobists to the contrary notwithstanding, that in those whom I treated with electricity but whom I did not save from operation, the operation was in no way rendered more difficult thereby, but in all probability their chances were improved, all of them having made easy recoveries.

I think it is unjust and unfair for my friend Dr. Joseph Price and others to lay all the blame of adhesions on electricity when they know as well as I do that these complications are met with in cases which have never been touched with electricity, while on the contrary they know that cases which have been treated for a year with electricity were found at the operation to be absolutely free from adhesions.

Society Proceedings.

AMERICAN ELECTRO THERAPEUTIC ASSOCIATION.

New York October 4, 1892.

EXECUTIVE SESSION.

The meeting was called to order at 10.30 A.M., by the President Dr. W. J. MORTON in the Chair. In the absence of the Secretary, Dr. HUTCHINSON acted as Secretary *pro tem*. The first business was election of new members.

The following names having been recom-

mended by the Executive Council for membership, were balloted for and declared elected Fellows of the Association.

Dr. Floyd S. Crego, Detroit, Michigan; Dr. H. H. Hahn, Youngstown, Ohio; Dr. A. G. Henry, Cortland, New York; Dr. Thos. W. Poole Lindsay, Ontario, Canada; Dr. W. J. Herdman, Ann Harbor, Michigan; Dr. D. S. Campbell, Detroit, Michigan; Dr. Emil Heuel, 252 Willis avenue, New York; Dr. Wm. Davis, Omaha, Nebraska; Dr. J. T. Harvey, Boston, Massachusetts; Dr. C. W. Martin, Topeka, Nebraska; Dr. E. B. Sangree, 744 South Fifteenth Street, Philadelphia; Dr. G. M. Hammond, 58 West Forty fifth street, New York; Dr. Robert L. Watkins, 325 West One Hundred and Forty-fifth street, New York; Dr. George T. Hulbert, St. Louis, Missouri; Dr. Lucy M. Hall Brown, 134 Montague street, Brooklyn; Dr. Charles R. Dickson, 161 Victoria street, Toronto, Canada; Dr. Howard Smith, Surgeon United States Navy, retired; Dr. F. Schavoir, 8 Atlantic street, Stamford, Connecticut; Dr. Ernest Wende, 174 Franklin street, Buffalo, New York; Dr. O. S. Phelps, 143 West One Hundred and Thirty-first street, New York; Dr. S. T. Anderson, Bloomington, Illinois; Dr. Spencer M. Free, Dubois, Pennsylvania; Dr. F. Semeleder, Mexico; Dr. J. Mount Bleyer, 118 East Sixteenth street, New York; Dr. Willis E. Ford, 266 Genesee street, Utica, New York; Dr. A. E. Percy, Providence, Rhode Island; Dr. D. J. Neylan, Bristol, Rhode Island; Dr. F. H. Wallace, Boston, Massachusetts; Dr. W. T. Bishop, Harrisburg, Pennsylvania; Dr. Holford Walker, 56 Isabella street, Toronto, Canada.

Likewise as Honorary Member. — Dr. W. Bruce Clarke, M.A., M.B., F.R.C.S., 46 Harley street, Cavendish Square, West London, England.

The Executive Session then closed, and the Association went into General Session. President W. J. Morton delivered his address, entitled "Electricity and Medical Art and Science," which was received with applause.

Reports of Committees were then called for. Report of Committee on Standard Coils. No report having been received from the entire committee, owing to lack of time, the President called for individual members of the committee.

Dr. GÖBLER remarked that the difficulties in the way of proper coils were very great, owing for one point to the great expense of winding coils useful for gynæcology, neurology, etc. Two firms have done well in giving assistance, the Galvano Faradic Manufacturing Company, of New York, and Chloride of Silver Battery Company.

Dr. HUTCHINSON reported progress in this line, speaking of what has been done.

Dr. MORTON remarked that, in his opinion, it will be better to have the services of a prac-

tical electrical engineer added to the committee, and suggested the name of Mr. Kennelly, Chief Electrician of the Edison Laboratory.

DR. MASSEY remarked that his studies had been in the line of the primary current—in the way of contracting of muscle, that such current will contract a soft myoma to a certainty—that different coils produce different results.

DR. MORTON reporting as an individual member of the committee, pointed out the difficulties the committee had to contend with if the mere question of frequency of interruptions alone were to be considered, since variations per second from about 20 to about 5,000 produced muscular contractions and effects upon sensory nerves. The electrical engineers had found the subject of transformers a very abstract one, and he thought another year would be none too much time for the committee to devote to the subject.

It was resolved that Mr. Kennelly be added to the committee.

Report of Committee on Arrangements : DR. GOELET of the committee, expressed his regrets that Dr. Newman was ill, and therefore unable to be present to explain the program. Read an invitation from Metropolitan Telephone Co. to visit their rooms, and announced that the Electric Club had tendered the privileges of the club house for two weeks to members of the Association, and also had invited the members to a social reunion at the Club this evening.

The reading of papers was then begun.

Tuesday, October 4, 1892.

Afternoon session—Meeting called to order at 3 P.M. The President, Dr. W. J. Morton, in the Chair. The Secretary being absent, Dr. Charles R. Dickson, of Toronto, Canada, at the request of the President, acted as Secretary *pro tem.* for the balance of the sessions.

DR. HUTCHISON exhibited his singing rheothome constructed of a ribbon of phosphor bronze, the pitch of which can be readily raised or lowered. All pain takes the same pitch, but resistance has to be largely taken into consideration. In sciatica he used C major and found it best.

MR. CARTY : The quality of the material of construction enters very largely into the effect to be produced irrespective of the speed of vibration.

DR. GOELET agrees with Dr. Carty, and thinks there is a difference due to the quality of the iron in the coil.

DR. KELLOGG asked Mr. Carty : "Do the vibrations of the rheotome correspond with the movements of the current?" but Mr. Carty replied "No." Dr. Kellogg said that by making his instruments revolve very rapidly he can measure very rapid alterations.

DR. GOELET thought Dr. Hutchinson did right to call attention to the difference in the resistances encountered in different classes of medical work. He did not think the electrical engineers exactly understand our position. They have to deal with definite known resistances which are comparatively low, while the resistances encountered in medical work vary greatly, and are usually enormous by comparison. Their estimate of the induced current (or what we know as the faradic) is based upon its character while traversing a wire with little or no resistance; therefore, they regard it as an alternating current. The make and break currents are equally appreciable through a low resistance, such as a wire, but when applied to the resistances of the human body, the make current is so feeble that as it possesses so little electro motive force that it is inappreciable, and only the break current, which is computed to be thirteen times stronger, exerts an appreciable effect. Then, too, he does not believe they appreciate fully the stress we lay upon the variation of the tension and volume of the different currents derived from coils of different size and length of wire. To do so, it would be necessary to understand the different conditions we have to deal with. The current of tension or higher electro-motive force is used for the relief of pain, and the current of volume, or lower electro motive force, for muscles stimulation. These qualities of the two currents are, of course, more manifest in gynecological work where both poles are applied to a moist mucous surface which offers less resistance to the penetration of the current than the outside or skin surface.

DR. NUNN has been working along the same lines, and thinks the ribbon vibrator a grand discovery. He thinks the plan is an internal percussion of the nerve interfering with its vibrations, besides this we get the effect of the current between the percussions.

MR. CARTY.—Take the terminals of your apparatus; attach small metal plates; bring them together, and they will attract each other, and will produce the percussion alluded to. He thinks that if this is done with plates, a tone is given out, and this would furnish a testing instrument.

DR. HERDMAN.—May not all this be explained on purely mechanical grounds?

DR. DICKSON.—Electricity is only *one* of the forms of motion in matter; sound is another, and sound is made use of in treating some of the diseases of the ear by means of the phonograph, its action being mechanical.

DR. MORTON, replying to Dr. Herdman as to vibratory treatment, alluded to recent papers in the *Electrical Engineer* and *Progrès Médical*.

DR. CAMPBELL asked if complete anæsthesia could be produced,

DR. HUTCHINSON.—The human body is varying all the time. We have also to deal with vital force, of which we know absolutely nothing. We may not get the same number of vibrations at one end of the machine—the rheotome—that we get at the other, but if we relieve pain we should be satisfied. Our duty to our patients is the paramount one. As to the different resistances of some, they differ much, and they are impossible of measurement; they vary from second to seconds. A certain effect is produced, but how, he does not know and does not care. Had we to deal with inert matter like the physicists, we could be more exact, but we deal with life. He eliminated the element of "sound" cure. Anæsthesia, local only, is produced with the utmost ease, from one to one and a half inches around the electrode as well as under it, but no further.

The President announced that as there was so much to take up the time of the Association, he would not hold his proposed clinic, but that the whole afternoon would be devoted to papers and discussions.

The meeting then adjourned.

Afternoon session.—Called to order by the President in the Chair.

DR. GOELET read the announcements of the Committee of Arrangements. A reception by the resident members of the City of New York to the members of the Association, their ladies and invited guests, would be held this evening in the Academy.

A letter from Dr. Schavoir was read, inviting the members and their ladies to visit his Sanitarium at Stamford. Come on Friday, at 11 A.M.

Wednesday, October 5, 1892.

Evening session.—Executive session for the election of Officers.

Meeting called to order at 9 P.M. President Morton in the Chair.

The President, in accordance with the suggestion made by Dr. Herdman in the morning, reported and submitted the following names for committees, all of whom were elected:

Committee on Standard Static Machine: Dr. J. H. Kellogg, Dr. M. A. Cleaves, Dr. G. B. Massey.

Committee on Standard Constant Current Generators and Controllers: Dr. W. J. Herdman, Dr. F. Peterson, Dr. R. Newman.

Committee on Standard Electrodes: Dr. A. Laphorn Smith, Dr. R. J. Nunn, Dr. C. R. Dickson.

To the Committee on Standard Coils, at present consisting of Dr. W. J. Morton, Dr. A. H. Goelet, Dr. G. B. Massey, Dr. W. F. Hutchinson, he would add Mr. A. E. Kennelly.

The Committee on Standard Meters as at present, consisting of Dr. W. Adams, Dr. H. E. Hayd, Dr. W. F. Robinson.

The members above mentioned were then

elected to serve on their respective committees for one year, and report at the next annual meeting.

On motion of Dr. Herdman, seconded by Dr. Nunn, it was

Resolved, That Dr. Morton be Chairman of Committee on Static Machines.

The following officers were then elected for next annual meeting:

President, Dr. August M. H. Goelet, of New York; First Vice-President, Dr. Wm. F. Hutchinson, of Providence, R. I.; Second Vice-President, Dr. W. J. Herdman, of Ann Arbor, Michigan; Secretary, Dr. W. A. Cleaves, of New York; Treasurer, Dr. R. J. Nunn, of Savannah, Ga.; Executive Committee: Dr. W. J. Morton, of New York; Dr. G. Betton Massey, of Philadelphia, Pa.; Dr. Robert Newman, of New York; Dr. Charles R. Dickson, of Toronto, Canada; Dr. J. H. Kellogg, of Battle Creek, Michigan.

On motion of Dr. Nunn, seconded by Dr. Bishop,

Resolved, That the Secretary report funds in hand to the Treasurer.

On motion of Dr. Hutchinson, it was

Resolved, That this Association meet in Philadelphia on the Tuesday following the meeting of the Pan-American Medical Congress, namely, 12th of September, 1893.

On motion of Dr. Hutchinson, seconded by Dr. Nunn,

Resolved, That the Secretary of the American Electro-Therapeutic Association be directed to communicate with the Secretary-General of the Pan-American Medical Congress, Dr. C. A. L. Reed, 311 Elm street, Cincinnati, Ohio, requesting him to add to his circular of information the fact that the date of the meeting of this Society has been fixed for the week succeeding the meeting of the Congress in Washington.

On motion of Dr. Hutchinson,

Resolved, That Committee of Arrangements for the Philadelphia meeting consist of Dr. G. B. Massey, Dr. M. J. Grier, and Dr. H. R. Bigelow.

Dr. Morton gave notice of motion to present an Amendment to Article III of Constitution, to read thus: "The members of this Association shall consist of Ordinary Fellows, Honorary Fellows, and Corresponding Fellows, who shall be either practitioners of medicine in good standing or electrical experts."

The Executive Session then adjourned to meet again Thursday at 10 A.M., and the visiting members, their ladies and invited guests enjoyed the hospitality of the members of the Association resident in the city of New York in the form of a lecture, private exhibition, reception, and collation at the Academy. A most interesting and instructive lecture on the phonograph and microphonograph, with illustrations and demonstrations, was given by Dr. J.

Mount Bleyer and Lieutenant Gianni Bettini. After the lecture the guests were treated to a number of very beautiful, and also several most amusing, selections on these two instruments of precision, while the medical portion of the audience was afforded an opportunity of listening to heart and chest sounds. When all these and the magnificent display of electrical instruments in an adjoining room had received ample attention, the guests descended to the handsome parlors of the Academy, where, to the strains of choice music furnished by a detachment of Prof. F. Eben's Seventy-first Regiment Band, an elegant banquet was served, during the course of which the retiring President, Dr. W. J. Morton, vainly endeavored to embarrass celebrities present by calling on them for impromptu responses to toasts in a most informal manner and when least expected. The entertainment came to a close at a late hour, the unanimous expression being that a most enjoyable evening, both scientifically and socially, had been spent.

Thursday, October 6, 1892.

Vice-President Augustin H. Goelet, M.D., in the Chair, called Association to order at 10 A.M.

The Association went into Executive Session.

On motion of Dr. Hutchinson, seconded by Dr. Massey, it was

Resolved, That the Secretary be empowered to employ an assistant at the next annual meeting.

On motion of Dr. Bishop, seconded by Dr. Nunn, it was

Resolved, That the Executive Committee be instructed to publish the proceedings of the preliminary and first annual meeting, together with the proceedings of this present meeting, all papers, proceedings, etc., to be included; a perfect history is intended to be published in book form, each member to receive a copy.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

Resolved, That a vote of thanks be tendered the resident members of this Association for courtesies extended.

On motion of Dr. Massey, seconded by Dr. von Raitz, it was

Resolved, That a vote of thanks be tendered the Council of the New York Academy of Medicine for the use of its building; also to the New York Electrical Club, Mr. Thomas A. Edison, and all others who have extended courtesies.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

Resolved, That a vote of thanks be tendered those who, being unable to attend, have sent valuable papers to be read at these meetings; also, the electrical experts, who, by their attendance, papers and discussions, have contributed so largely to make the meetings such

a grand success, and that the Secretary be instructed to convey to each the thanks of the Association.

The Executive Meeting adjourned, and the Association went into General Session at 10.45 A.M.

Thursday, October 6, 1892.

Vice-President A. H. Goelet, M.D., in the Chair. Association went into general session at 10.45 A.M.

At the conclusion of the reading, on motion of Dr. Hutchinson, it was

Resolved, That a committee be appointed to investigate the statistics submitted by Dr. Newman, and report upon their authenticity and completeness.

On motion of Dr. Nunn, it was

Resolved, That the discussion on the paper be deferred till the evening session—it to be the first order of business.

As there were other papers to come before the Association before its labors could be concluded, it was

Resolved, That the Association assemble at 8 P.M., in regular session.

The Association then adjourned to accept of the kind invitation of Mr. Thomas A. Edison, to visit his laboratory at Llewellyn, N. J.

After a trip across the ferry from West 23rd street, at 1.25 P.M., and a short run by rail, the party, consisting of members and their ladies, arrived at the laboratory, Mr. Smiles, of the Edison Manufacturing Co., kindly acting the part of guide throughout the trip. In the absence of Mr. Edison, his guests were received by Mr. A. E. Kennelly, chief electrician of the Edison laboratory, and, after being given a chance to admire the treasures of the fine library and museum, a visit was paid to the lecture room upstairs, where a large number of phonographs were in position, and ample opportunity afforded to listen to grand orchestral effects, solo work, dramatic representations, comic recitations, etc. The autophones of several of the members were recorded, and when all had fully appreciated the wonders of this marvellous invention, the party was divided up in sections of ten, each being put under the care of one of the staff, made the tour of the store-rooms, testing-rooms, work-shops, chemical rooms, phonograph construction rooms, and, in fact, the whole premises. The officials were uniformly courteous, and, in best nature imaginable, answered to the best of their ability the innumerable questions showered upon them by the visitors, some of whom found it a hard matter to tear themselves away from the magnificent specimens of instruments of precision, and narrowly missed losing their train thereby. On return to the starting point, a delicious lunch was in waiting, which was much appreciated, as the appetites of all were whetted by

the long walk through the different buildings and the fresh Jersey air.

The return trip was made by 6 P. M., and the unanimous verdict was that a most delightful and instructive afternoon had been spent. The kindness of Mr. Edison was much appreciated. Of course, there were some who went out of pure curiosity, and it was fully gratified in a most pleasant manner: then again, there were those who made the trip, keeping in view the opportunity of adding to their stock of knowledge of a practical as well as theoretical nature, and many of these were heard to remark, on the return trip, that they had seen much to set them thinking, and much that would help them to use electricity in a more intelligent manner.

Thursday, October 6th, 1892.

Evening session. President W. J. Morton, M. D., in the chair.

The meeting was called to order at 8 P. M.

The first business was the discussion on Dr. Newman's paper.

The President then announced the names of the Committee to investigate Dr. Newman's Statistics:

Dr. A. H. Goelet, Chairman; Dr. W. J. Herdman, Dr. W. J. Morton, these three to appoint two surgeons of prominence to act in concert with them.

There being no further papers to hand, a letter was read from Dr. George J. Engleman, dated from Paris, expressing regrets at his absence.

The retiring President, Dr. W. J. Morton, expressed his thanks to the Association for their assistance in making the duties of the Chair so light and agreeable and facilitating the business, and introduced the President-elect, Dr. Augustin H. Goelet, who, taking the Chair, made a few felicitous remarks most appropriate to the occasion, and complimented Dr. Morton on the manner in which he had conducted the meeting.

On motion of Dr. Nunn, seconded by Dr. von Raitz, it was

Resolved, That a vote of thanks be tendered Dr. Morton for the very able manner in which he had fulfilled the duties of the Chair.

The Association then adjourned to meet in Philadelphia, Pa., on Tuesday, 12th of September, 1893.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, June 10th, 1892.

F. J. SHEPHERD, M.D., IN THE CHAIR.

Compound Fracture of the Skull.—DR. SHEPHERD exhibited a child who had received

a severe compound fracture of the skull. On the 27th of April last, while driving with her parents, the horse shied, and the three were thrown out of the carriage, and the child disappeared down an open man-hole of the sewer. She fell a distance of fifteen feet to the bottom, striking her head against a ladder in the descent. Dr. Elder saw her, and sent her to the hospital, where Dr. Shepherd examined her within half an hour after the receipt of the injury. There was found a large wound extending from a point just in front of the ear down to the eyebrow, and a large piece of skin was punched out; there was a depressed comminuted fracture of the skull, and some of the brain matter was oozing out. Two pieces of bone, about the size of a twenty-five cent piece, were removed, and the wound thoroughly cleansed; the torn dura mater was sewed with a continuous catgut suture, and the skin wound brought together as well as possible. The child made a rapid recovery, and has never had a symptom of paralysis; her speech has been unaffected and her mental condition unimpaired; in no way is she now different to what she was before the accident occurred.

Miliary Tuberculosis.—DR. FINLEY exhibited the organs from a case in which there were vast numbers of tubercles. They were seen throughout the lungs, liver, kidneys and spleen, and a few along the arteries at the base of the brain. In addition there were in the lungs several caseous nodules, situated in the lower lobes, and were probably the foci of the general disease, as the miliary tubercles in the neighborhood were larger and older than in the other portions of the lung.

DR. WILKINS saw the patient thirty-six hours before death. He was a man of thirty, and had been brought into the hospital in a delirious condition, with a history of having been ailing for two weeks with headache and diarrhoea. On examination there was tenderness and marked gurgling in the abdomen. Temperature, 101°; pulse, 120; respirations, 24. Although the temperature was lower than that usually seen in typhoid fever, Dr. Wilkins thought that the case might be one of those with low temperature spoken of by Dr. Atkinson at the recent meeting of the Association of American Physicians at Washington. He therefore thought that the cold bath could do no harm, provided friction was used, and ordered a bath for ten minutes, which the patient strongly resisted. Next day a rigidity of the neck, which had been previously noted, had become more marked. Temperature, 101°; pulse, 124; respirations, 20. No bath given. Patient died on the third day.

DR. FINLEY had seen the patient once, and found him profoundly prostrated and sweating profusely. The case was very anomalous, and he was unable to make a diagnosis. The res-

pirations were never above normal, which is unusual when the lungs are so much involved.

Angina Pectoris, Acute Aortitis and Stenosis of Coronary Arteries.—DR. FINLEY exhibited the specimens for Dr. Ross. The subject was a large-framed, muscular man, aged 33, with slight œdema about the ankles. The heart was enlarged and flabby, weighing 445 grammes. The wall of the left ventricle was three-eighths of an inch thick, pale and somewhat soft, its cavity dilated, and measured $4\frac{1}{2}$ inches in length, and the mitral orifice 4 inches. At the root of the aorta, extending above the valves for about 1 inch, the intima was much thickened and gelatinous-looking, and was sharply divided from the rest of the ascending aorta, which was healthy, by an irregular line. The orifice of the right coronary artery was greatly contracted, and the left was also considerably smaller than usual, whilst the vessels themselves were normal beyond the contracted orifice. The descending aorta presented a few gelatinous raised plaques. With the exception of two infarcts in the spleen, the other organs were healthy. Microscopically the intima of the aorta was much thickened by an infiltration of small round cells, and there were also irregular patches of small round cells in the media. The striæ of the heart muscle were indistinct, and the fibres granular but not fatty. The liver showed slight pigmentation about the central vein. The small vessels of this organ and of the kidney were normal.

DR. ROSS said that the patient had been sent into the hospital to try and find relief for the very severe pain that he was suffering, the character of the pain being that of angina. The attacks had commenced some weeks previously, and were becoming very frequent. The pain always commenced in the bend of the left elbow, ran up the arm and thence to the heart, where it became very intense. The first attempt to relieve the patient was with nitrite of amyl, and was at first perfectly satisfactory, and he took great quantities of the drug for the relief of the very frequent paroxysms. Potassium iodide was then given in increasing doses without any result whatever. On examination the heart appeared perfectly sound and free from valvular disease. The diagnosis had been angina pectoris, and it was naturally supposed that this was due to disease of the coronary arteries, and the autopsy confirmed this opinion. There was found a stenosis of the inlets only, the walls of the rest of the arteries being perfectly free from atheromatous changes. Dr. Ross went on to say that he had noticed that some cases of severe angina are decidedly relieved by potassium iodide, while in others it has no effect whatever. When the anginoid symptoms occur in a person with valvular disease of the heart the relief produced by the iodide is very marked, while persons free from

a valvular lesion seem not susceptible to its action. Lately he had been asked to see an elderly lady who was suffering from severe angina, accompanied by a distinct aortic murmur. She had been taking arsenic for some time and tablets of nitro-glycerine. He had suggested that this was a case for iodide, and she has been completely relieved by its administration.

DR. MCCONNELL asked if in the last case mentioned by Dr. Ross there had been any general arterial sclerosis.

DR. ROSS replied that she had hard radials, but there was no albuminuria and no definite appearance of a general arterial sclerosis.

Aneurism of the Descending Thoracic Aorta.

—DR. HAMILTON exhibited an aneurism of the descending thoracic aorta which had burst into the œsophagus immediately behind the pericardium, about the level of the sixth vertebra. The stomach was found full of clotted blood. The vertebra were not eroded and no signs of a left-sided pleurisy found. The man had for several weeks been complaining of dyspeptic symptoms, loss of appetite and difficulty of swallowing. No history of localized pain could be obtained. On the day of his death he had taken a slight dinner, and returned to his office, where he was found shortly after on the floor, dead and covered with blood.

Mitral Stenosis.—DR. FINLEY exhibited a typical specimen of mitral stenosis, showing the funnel-shaped opening, with much hypertrophy and dilatation of left auricle.

DR. ROSS said that the patient had been admitted to the hospital suffering from old spinal degenerative changes. When first seen in March last there were signs of a cardiac lesion, a loud presystolic murmur, accompanied by a thrill, and it was diagnosed as a distinct mitral stenosis unaccompanied by any other lesion. Dr. Ross did not see the patient again until the end of April, when there was no murmur whatever to be heard, though repeatedly examined, and he (Dr. Ross) was under the impression that the former diagnosis had been incorrect, but the specimen shows that it was right. The case emphasizes the fact that the cardiac murmur disappeared altogether under the increasing weakening contractile force of the heart, and was not audible for many weeks before the man's death, and during that time no lesion could be recognized, except, perhaps, on careful percussion a slight enlargement might have been made out.

DR. MCCONNELL thought that in such a marked condition of mitral stenosis one would expect to find the pulse at the wrist almost imperceptible, and that this fact would help the diagnosis.

DR. ROSS did not think that any stress could be laid on the weakness of the pulse alone.

Chlorosis in a Male.—DR. JOHNSTON gave some notes on the examination of the blood of

a man who was intensely anæmic, with a subicteroid hue. The number of red and white corpuscles were found to be normal, but the hæmaglobin was reduced one third. The case was one of pure chlorosis, which is quite a rare condition in a man. The man had been ailing for a year and a half, and had suffered severely from hæmorrhoids. After using ten Bland's pills daily for a week, the hæmoglobin rose from 30 to 55 per cent., and at the end of the second week it was over 70 per cent., when he was lost sight of. He was a day laborer, and his occupation offered no clue as to the cause of the chlorosis.

A Case of Imposture.—DR. WILKINS said that three weeks ago a man had been brought into the General Hospital suffering from tetanic spasms of the head and neck. A history of having cut his foot with broken glass, two or three weeks before, was given. On examination there was found a good deal of stiffness of the neck and a spasmodic action of the muscles of the face, and slightly of those of the arm. A scar was found on the foot which he stated had been cut. Though the appearance was peculiar, the condition was thought to be tetanus, and carbolic acid $m\frac{1}{4}$ every two hours was ordered, and under this treatment the spasms seemed to improve. Next day a consultation of surgeons was held, when it was suggested that if the spasms were not relieved a part of the foot should be amputated. This produced a marked improvement. Becoming dissatisfied with the hospital, he was removed to a private hospital, where the spasms were of a different character. He was later on removed to his boarding-house, where he behaved in a peculiar manner. Dr. Finley saw him, and asked for Dr. Shepherd in consultation, who thought that it was a case of imposture. Next day the man disappeared, and has not been heard of since.

Stated Meeting, June 24th, 1892

F. Buller, M.D., President, in the chair.

Interscapular Thoracic Amputation for Enchondroma.—DR. FINLEY exhibited this specimen for Dr. Shepherd. The growth was a large globular tumor, about 5 inches in diameter, and was attached to the inner side of the surgical neck of the humerus, lying beneath the muscles passing from the scapula to the humerus. For the most part it was of cartilaginous consistence, but to the inner side there were a few cysts containing a colloid material. The tumor had encroached slightly on the scapula, causing some thickening of the dorsal axillary border of that bone. Microscopically, the greater part of the tumor was made up of cartilage, many of the cells being small and irregular, others large with two nuclei, and a few showing two or three cells in each

capsule. The cystic portion of the growth showed a portion to be made up of structureless material, with here and there infiltration of small round cells.

DR. SHEPHERD said the patient was a woman, aged about 32, who said she had first noticed the growth four years before. It gradually increased in size, and for the last year the arm had been very painful and was so fixed that it was useless. Dr. Shepherd at first thought the disease originated in the scapula, and that the affection in the humerus was secondary, but on examination after removal it was found that the disease was primary in the head of the humerus, and that the scapula was only slightly involved, the chief disease being in the muscles. The growth in the axilla pushed out the scapula, giving it the appearance of being extremely diseased. The arm and scapula were removed at one operation. The clavicle, being free from disease, was not removed, and this gave the shoulder a much better appearance in consequence. Dr. Shepherd remarked that the operation, which is more formidable than dangerous, is usually performed in two stages—first amputation at the shoulder joint, then excision of the scapula. The mortality is 20 to 30 per cent. The operation was first performed in 1838 by McClellan of Philadelphia, and afterwards by Syme and Ferguson. The patient whose history has just been narrated recovered rapidly, and was going about on the fourth day after operation.

Nephrectomy.—DR. SHEPHERD exhibited a kidney which he had removed on May 26th. The patient, who had been under the care of Dr. Fenwick, had suffered from symptoms of renal calculus for about 20 years. Last August Dr. Fenwick removed a large branched calculus from the kidney; the wound healed up well, and the patient went about all winter. After a time, however, pus began to appear in the urine, and within a few weeks a tumor developed over the region of the kidney, the patient suffered great pain and began to fail in health. Dr. Shepherd, at Dr. Fenwick's request, took charge of the case, and decided to operate after much hesitation on account of the amount of cicatricial tissue that would be present. The kidney could only be removed in pieces, the central portion with the vessels being imbedded in a large mass of cicatricial tissue. Whilst looking for the vessels and dissecting out the hilus a free hemorrhage occurred, which could not be easily arrested, the tissue allowing of no ligature; so a forceps was left on and the wound packed with iodoform gauze. The forceps were removed at the end of forty eight hours. She suffered much from shock after the operation, but recovered fairly well. After a week's time there was a sudden severe hemorrhage. Dr. Bell happened to be present, and

packed the wound. On the following day a second hemorrhage occurred. A consultation was held, and the packing carefully removed; at the bottom of the wound was seen the vena cava and some sloughy tissue, which, when pulled away, caused severe hemorrhage. On placing the finger in the wound to stop the bleeding it was found that there was a large opening in the vena cava; plugging was of no avail, and the patient, who was already reduced by frequent losses of blood, died in a few minutes. The fatal result occurred just eleven days after the operation, and Dr. Shepherd did not think that anything further could have been done. The other kidney was probably also affected, as pus remained in the urine after the operation.

Wound of the Femoral Vein in Hunter's Canal.—DR. SHEPHERD exhibited a portion of the femoral vein in which was imbedded a piece of metal. The patient had been wounded by a piece of a metal fog signal, which struck him in the thigh; the hemorrhage from the wound was very profuse, but was stopped by pressure and linen packing. He had been taken to the General Hospital, where the house surgeon had stuffed the wound with iodoform gauze. When Dr. Shepherd saw the man, oozing was still going on, so he decided that it was a case for immediate investigation. He quickly cut down, found the sartorius muscle cut across, and blood coming from Hunter's canal, and on examining further, a large wound was seen in the femoral vein. He tied the vein and removed a portion of it, which was found to contain the piece of the metal from the fog signal. The man made a complete recovery, and has had no œdema of the leg.

Intestinal Obstruction due to a Large Gall-Stone. DR. JOHNSTON gave notes of the autopsy on a case under the care of Dr. Armstrong. The patient had a large hernia in the abdominal wall, on the right side of the umbilicus, and in which a large portion of bowel was present. A fœcal fistula had existed at one time in the region of the hernia, but was healed at the time of the autopsy. There was no peritonitis, no strangulation of the bowel. The upper part of the small intestines was distended with fluid fœces, while the lower part was collapsed; just where the ileum passed into the hernial sac a large mass could be felt, which proved to be a gall-stone about the size of a walnut, and fascetted. On examining the intestines, a fistulous opening between the head of the gall-bladder and the second portion of the duodenum could be seen; the gall duct was somewhat dilated and contained some small stones, but there was no obstruction in the common duct. The patient had been subject to attacks of colic, and became quite yellow. Four days before death she was seized with vomiting, pain, and enlargement of the hernia; her condition appeared to improve, but she died suddenly.

The Invention.—DR. JHONSTON exhibited a centrifugal machine for the very rapid separation of sediments in various fluids. It is of great assistance in examining urine, as the sediment can be obtained within a minute; it also may be used in examination of the blood.

A Case of Zoster-Ophthalmicus.—DR. BULLER read the history of this case.

Discussion.—DR. PROUDFOOT had under his care a girl who had herpes on both wrists and a small spot on the cornea. He asked Dr. Buller what his experience was of the use of eserine and pilocarpine, as his own had not been favorable, and he was inclined to the older use of atropine and hot fomentations.

DR. McCONNELL asked what would be the result to the cornea if the disease was left alone; would it tend to get well without treatment?

DR. SHEPHERD said that he had never seen a case of bilateral herpes. It is a self-limited disease, and would get well of itself.

DR. BULLER, in reply, said that as atropine has anodyne properties, he usually treats such cases with it; but here he had used it so long he thought a change would be beneficial. He would never use eserine while he had pilocarpine. It is quite possible if the disease was left alone it would recover in time, and, as it is only superficial, would result in a perfect cure. It is one of the most obstinate forms of inflammation of the eye.

An extraordinary meeting of the Society was held on Wednesday, September 7th, Dr. Buller, the President, being in the chair. The meeting had been called on receipt of the following:—

HEALTH DEPARTMENT,

CITY HALL, MONTREAL, Aug. 30th, 1892.

To F. BULLER, ESQ., M.D.,

President Medico-Chirurgical Society.

SIR,—I am instructed to inform you that, in view of the danger that Asiatic cholera may reach our shores, the Board of Health are endeavoring to put in operation every possible measure for the protection of the city; and that they would therefore be happy to receive any suggestion your Society may be pleased to offer respecting the prevention of cholera.

I have the honor to be,

Your obedient servant,

J. IGNATIUS FLYNN, SECRETARY.

After considerable discussion, it was moved by Dr. Jas. Bell, seconded by Dr. Shepherd, and unanimously adopted, that the above letter be replied to by the following resolution:—

“That this Society, recognizing the great danger to the lives of the citizens as well as to the commerce of the country from the introduction of Asiatic cholera which is now threatened, deplors the fact that the city of Montreal, with its adjoining suburbs, is at present wholly unprepared to cope with cholera or other epidemic disease. This Society regrets that an important recommendation which it made to the City Council through a depu-

tation of its members some months ago—viz., that a competent sanitary engineer be appointed—has, up to the present time, not led to any satisfactory results. Further, that this Society is of the unanimous opinion that steps should be immediately taken to put the city in a condition of cleanliness; to provide suitable disinfecting apparatus for the clothing and effects of suspected immigrants, and baths for such suspects themselves; that the Civic Infectious Hospital should be fully equipped and made available for the reception of Cholera suspects at a moment's notice.

"That this Society is further of the unanimous opinion that the Health Department of this city should be capable of preventing the spread of cholera from such cases as may be imported into it, and that to this end no expense should be spared to secure a sufficient number of competent officers and all necessary appliances."

The President then appointed the following members of the Society as a deputation to wait upon the Board of Health and lay this resolution before them: The President, Dr. Jas. Bell, Dr. Perrigo, Dr. Guerin, and the Secretary.

It was thought well for the Society to take a step further and lay before the Federal Government their opinions on the question of Immigration and Quarantine. These views were embodied in the following resolution moved by Dr. Bell, seconded by Dr. Shepherd, and carried unanimously:—

"Whereas, in the opinion of this Society, nothing but the most watchful care on the part of the Federal and Provincial authorities can prevent the introduction of Asiatic cholera in this country; and

"Whereas it has been abundantly proved that the quarantine arrangements at Grosse Isle, and presumably at the other Canadian seaports, are absolutely inefficient; "Be it therefore resolved that the Federal Government be urged—

"(a) To issue such instructions as shall prevent any further embarkation of emigrants for this country during the balance of the present season;

"(b) That as a large number of emigrants have already embarked for Canadian ports, and who cannot be returned to the ports from which they have sailed, that all such emigrants be detained in quarantine, on their arrival, for a period of not less than twenty-one days.

"(c) That for present as well as for future safety such quarantine stations be, with the least possible delay, put into a condition of efficiency, in accordance with the most modern scientific principles."

The President appointed the following deputation to proceed to Ottawa and lay this resolution before the members of the Federal Government: The President, Dr. Craik, Dr. Lachapelle, Dr. Roddick, Dr. F. W. Campbell, and the Secretary.

The Society further fully endorsed and approved of the action of the Provincial Board of Health in prohibiting the landing of all immigrants after a certain date.

CANADIAN MEDICAL ASSOCIATION.

Twenty-fifth annual meeting, held in the Parliament Buildings, Ottawa, Wednesday, September 21st, 1892.

The meeting was called to order at 10.30 a. m., Dr. Roddick, the retiring president, in the

chair, who requested Dr. Bray, of Chatham, the president-elect, to take the chair.

The following nominating committee was then elected: Dr. J. A. Mullin, J. E. Graham, J. W. Campbell, A. Rousseau, F. W. Strange, R. W. Powell, H. H. Chown, T. G. Roddick, A. Taylor, L. C. Prevost, V. E. Edwards, C. O'Reilly, I. H. Cameron, J. Christie, G. L. Milne, the president and secretary.

The president invited the past presidents and secretaries on the platform, and then welcomed the delegates from the Ontario and Rideau Associations.

Dr. Mullin's notice of motion was then taken up. Dr. J. A. Mullin moved, seconded by Dr. J. E. White, which after a short discussion was carried: "That no proposal for honorary membership shall be presented to the Association unless it shall have been previously submitted to a committee consisting of the president, secretary, and vice-presidents, who shall report to a meeting before the name is submitted for election."

Dr. Strange moved, and Dr. Powell seconded: "That only delegates and visitors from places outside the Dominion shall have the privilege of registration without a fee."—*Carried.*

The motion to engage a stenographer to report the proceedings of the Association in order to have an official record was referred to a committee consisting of Drs. R. W. Powell, E. E. King, A. Rousseau, J. W. Campbell, W. H. B. Aikins, and H. S. Birkett.

Dr. Mullin spoke feelingly of the sad illness of Dr. Geo. Ross, of Montreal, an ex-president of the Association, and moved, seconded by Dr. J. E. Graham, the following: "That this Association has heard with deep regret of the illness of Dr. Geo. Ross, and beg to tender our sincere sympathy in his affliction."

The president stated that death had removed several prominent members during the year, and intimated that the Necrology Committee report in the matter.

It was suggested by Dr. Graham that the subject of cholera be discussed at the afternoon session; and that an invitation be sent to Hon. J. Carling and other Ministers of the Crown to be present.

AFTERNOON SESSION.

Dr. D. MacLean, of Detroit; Dr. Bulkley, of New York, delegate from the New York State Medical Society; and Dr. Kent, delegate from the American Medical Association, were made welcome and introduced to the meeting.

The president, Dr. Bray, then read his address.

Gentlemen.—Allow me in the first place to offer you my most heartfelt thanks for the great honor you have conferred on me in electing me President of the Canadian Medical Association;

and while I appreciate your kindness and feel proud of the distinction, the high honor only makes me more conscious of my inability to fill the position with credit to the profession and satisfaction to myself. Following as I do my immediate predecessor, Dr. Roddick, only makes this more obvious. But I trust you will extend to me a helping hand, and at the same time shut your eyes to my deficiencies.

Now, I am not going to deliver a scientific address on medicine or surgery, as that duty has been delegated to those much better able to perform the task than I am, but will take instead a review of Medical Education and the advances made in that direction since the birth of this Association twenty-five years ago; secondly, say something about Medical Reciprocity between the Provinces and the barriers that now exist to prevent this and how they may be removed; and, thirdly, the influence that this Association ought to exert, not only over the medical profession, but also over the public from one end of this great Dominion to the other. And what time could be more fitting or what place more appropriate for such a retrospect? We meet to-day to celebrate our silver anniversary in Ottawa, the capital of our country, on this the twenty-fifth anniversary of its birth. What memories are recalled by a few—and, oh! how few they are—that were present when this Association was formed a quarter of a century ago. What changes have taken place since then! The magnificent building we now occupy was not then erected. The city of Ottawa was only a city in name; and of the noble men in our profession who were instrumental in forming this society, how many have gone to their long home, and are forever at rest from the cares and anxieties of this world! The reaper Death has year by year since that time been cutting down first one and then another of our members, without regard to age, ability or position. Since our last meeting we have to mourn the death of Dr. James Ross, who so ably presided over our deliberations two years ago, in Toronto, whose kindly smile and friendly greeting we miss to-day, from whose large experience we have all more or less profited, and whose wise counsels we would all do well to follow. But we have with us to-day Sir James Grant, Dr. Hingston, Dr. Fenwick, and perhaps a few more who were present at the birth of this Association.

When we see how our country has grown and developed since that time, it is sad to think that this Society has not kept pace with the Dominion, and I trust the remarks made by Dr. Roddick in Montreal last year on this subject will bear fruit, and that in the next twenty five years this Association will rival in numbers as it does now in ability its great neighbor, the American Medical Association; and I hope before we close our labors, some steps will be

taken by the formation of a committee, or in some other way, to promote this object.

It will be in the recollection of some present to-day the condition of things as they existed prior to the formation of this Society in 1867, and the passage of the Upper Canada Medical Act about the same time. You will remember that there were three licensing bodies in old Canada at that time, independent of the medical schools and universities. The latter were degree-conferring institutions, but they virtually possessed the licensing power, inasmuch as the holder of a degree from any of these bodies was entitled to practise medicine on proving identity, paying a small fee, and having a license signed by the Governor-General. All he had to do was to send his degree with an affidavit to the Provincial Secretary, when his Excellency, taking for granted that he was fully qualified, having secured a degree from some college or university in Canada or Great Britain, would attach his signature to a Provincial license, which enabled him to practise in that or, in fact, any other province, so that in reality we at that time had in Upper and Lower Canada, to say nothing of the other provinces now constituting the Dominion, seven or eight licensing bodies responsible to no central authority, each vying with the other who could turn out the greatest number of doctors independent of quality. The licensing boards in Canada consisted of the Upper Canada, the Homœopathic, and the Eclectic Medical Boards, all constituted by royal charter, and electing or appointing their members in different ways. The Upper Canada board was appointed by the Governor-General for life, or good behavior. How the others were appointed I cannot say, but probably in the same way, on the advice of one or two of the more prominent members of these schools. You can imagine it was not so very difficult to become a full-fledged doctor in those days. The schools and universities fixed their own curricula both for matriculation and professional examinations, and the licensing boards, some of them at least, I believe, required no standard of matriculation at all, and almost none of a professional character, consequently the education required to become a doctor at that time was not of a very high order. So low had the requirements sunk, that not only the profession but the schools as well began to think it was time to make some change, and demand a higher standard. I am speaking now more particularly of Ontario. The first step taken to remedy the then existing state of things was by the Act of 1865 known as the Parker Act, whereby a council was formed who had the power to fix the standard of matriculation as well as that of the medical curriculum. But while they had the right to make a standard, they were powerless to enforce it, no authority being given them to appoint

examiners or conduct the examinations, which was left to the colleges as heretofore; and although the Provincial Board was done away with by this Act, the Homœopathic and Eclectic Boards were not interfered with, which, instead of remedying, rather increased the evil, as the number of licenses from these boards for the next year or two amply testified; and while this Act was an improvement in some respects (being a starting point), it was found to be still very defective. It was felt that the plan of allowing each school to examine its own students, even although the council fixed a standard, did not prevent a great many unqualified men from getting into the profession; for if the curriculum was difficult, the examinations were in many cases made easy, and in the event of a student being rejected by his college (which was a rare occurrence) there was nothing to prevent him from going before one or other of the remaining medical boards, and I fail to recollect a single instance where a student taking this course was not granted a license to practise medicine, surgery and midwifery.

This state of affairs induced the council to consider what steps they should take to remedy this evil, and the conclusion they arrived at was a wise one. They thought if it were possible to unite all branches of the profession and bring them all under one law, they could then control and direct medical education. In order to do this it was necessary to give and take, and a compromise was effected with the Homœopathics and Eclectics, as well as the different medical schools and universities, whereby the whole profession was united and brought together, and became subject to one central authority, viz., the Medical Council of Ontario, made up of representatives elected and appointed from the profession, the medical schools and universities, and also from the Homœopathic and Eclectic bodies. This Act came in force in the year 1868, and gave the council power not only to make the standard of all the examinations, but to appoint examiners to conduct them; and I am happy to say that from that time till the present, the standard of medical education has been rising year by year, not only in Ontario, but over the whole Dominion, until to-day in Ontario we have a curriculum standard equal to that existing in any country in the world, and a Medical Act to enforce it, which is the envy of the United States, and which England has tried in vain for years to adopt. I am sorry, indeed, to find that a hostile feeling has arisen against the council through some clauses added to the Act in 1891, which feeling I would be glad to see removed. But while I am aware that a few faults are to be found, I am also aware that a great many virtues exist in the Act as it now stands, and it behoves the whole profession to see that no action is taken to impair its usefulness, detract

from the dignity or lessen the influence of the Medical Council, which is the safeguard of medical education in Ontario, and which exerts an influence over the whole Dominion, for every province would suffer should the Council be done away with and a return to free trade in medicine follow, as it would most assuredly do; and if the Ontario Medical Council was abolished, we would go back to the same position as we occupied prior to 1868. I cannot believe there is one who has the welfare of the medical profession at heart in this country who would wish to see us return to this condition, and for this reason I would ask those who are opposed to some clauses in our Act to pause and consider well before they do anything to embarrass the Council or vitiate the Act, and by so doing play into the hands of the charlatans both in and out of the profession. As it is, we stand alone, looked upon by the general public as a close corporation and fitting prey for malpractice suits for large damages, who do nothing but increase the fees and legislate for our own pockets; and these views are encouraged by a certain class of men who have not the ability to obtain our license, or, having obtained it, branch off in some disreputable way in order to make more money, and victimize the very public whom they profess to champion as against the regular practitioner. Fortunately for the profession and public we have a clause in the Act to enable the Council to purge the profession of such unworthy members, and to punish others who trade on the credulity of the public by fraudulent practices without being registered. Why it should be so I cannot tell, unless it is that people like to be humbugged. But it is a fact, nevertheless, that the sympathies of the majority of the laity are against the regular profession and in favor of quackery. Therefore I reiterate the statement that we must be careful how we interfere with the present law, by amending some minor clauses which may be objectionable, that we do not get the whole Act wiped out; and I would suggest here, as I have already done in another place, that the members of the profession in Ontario, who are aggrieved at some of the workings of the Act, meet the Medical Council, discuss the whole question, frame such amendments as may be in the interests of the profession and public, and then go to the Legislature as a united profession, asking for such alterations in the present Act as they have agreed upon, and I am sure the Legislature will grant them. I hope the Association will pardon me for this digression, but I speak feelingly, having the interests of the profession at heart and knowing something of the differences existing between some members of the profession and the Medical Council of Ontario.

Prior to 1867 the matriculation examinations in all our colleges was more a matter of form

than anything else, and could be passed at any time before going up for the degree. At the present time it is quite different. Now it is equal to a second class teacher's certificate, with Latin, Physics and Chemistry compulsory, or junior matriculation in arts in any university, with the science course; and the day is not far distant when it will become still higher and eventually reach a degree in arts; and can anyone say that this should not be so? A physician, above all men, should be thoroughly educated, for education is a great refiner, and in what calling or profession is this quality more essential than in ours? What scenes we witness, what confidences we receive! In and out of the family circle at all hours and under all circumstances, and always battling with pain, disease and death. And here it is that the refined physician shows the result of his early training, by soothing pain, curing or relieving disease, and sympathizing with the bereaved; and, mark my words, it is only the man who thoroughly knows his profession that in the long run reaches the top of the ladder and who deserves and receives the gratitude of his patients and esteem and respect of his confrères.

I am indebted to Dr. Pepper of Philadelphia, and desire to return him my most sincere thanks, for a copy of his address, containing a vast amount of information on the subject of Medical Education, delivered by him a few years ago: In speaking of the system of medical education in the United States (and his remarks would have applied to Canada a few years ago, although not quite to the same extent), he says if we would learn the truth and know the estimation in which our medical education has of late been held by other countries, it needs only to examine the changes which have taken place in their system of medical teaching, proportionate to the vast advances in medical knowledge, and then turn to the picture of our own position as drawn by those most competent to depict it. He proceeds to say in every country but ours, without, so far as I know, a single exception where a system of medical education can be said to exist, certain general principles will be found embodied in that system. These are, first, a matriculation examination; second, a sufficient length of time devoted to medical studies; third, a careful personal training of each student in all practical and clinical branches; fourth, careful grading of the course; and fifth, impartial examinations by disinterested individuals. On the whole, these are about the requirements necessary in the Dominion at the present time for a student before receiving the right to practise. Dr. Pepper goes on to say that there are some in this country who would cry out at once that so prolonged and elaborate course of study as I have mentioned is not necessary in America to produce good

practical doctors, but that it can only tend to develop a class of over-educated, supercilious, impractical medical men, too good and fine for the average work of a physician. No frame of mind is more enjoyable than the self-complacent contentment of the optimist who holds the candle of his own excellencies so close to his eye that it dazzles him, and makes him blind to the broad sunlight of truth and progress flooding the world. Such objections as the above might be expected if the elevated system of teaching which I have sketched were adopted only in one or two very old and wealthy countries, for it might then seem to be due to a highly artificial state of society. But when we see that not only the older and more highly civilized and more densely populated countries, such as England, France and Germany, but in those whose state of civilization and the condition of whose people we should be slow to regard as favorable compared to our own, as Russia and Spain, in those such as Brazil and Australia, whose forms of government and social system are younger even than our own, and finally, even in countries which, like Mexico and the Republics of South America, we are supposed to regard as only semi-civilized, and where the instability of government and the frequent convulsions of social order would seem to render any fixed and comprehensive educational policy impossible, when we see that in each and all of these a thorough plan of medical education is held essential for the welfare of the community, for the development of medical science, and for the interests of the medical profession itself. It is surely time to consider carefully if we are not sadly at fault in this; and if, while elsewhere the requirements of medical education have been made to keep pace with the growth of medical knowledge, with us they have not been controlled by other and far less proper influences. Now, if we consider the present state of medical science and note the vast advances that have been made during the past twenty-five or thirty years in all of its departments; if we reflect upon the enormous extent of accurate information, of minute technical knowledge and of special practical training which is now required to fit a man to practise medicine scientifically, and to render to those sufferers who seek his help the full measure of the benefits which the healing art is now capable of bestowing, shall we be surprised at the careful and prolonged course of study that we find is imposed in all countries but our own upon the applicant for the degree of medicine?

Surely no one can fail to appreciate the enormous importance of having thoroughly trained and skillful physicians.

When overtaken by serious accident or illness, all other means of relief fail, and the most wealthy, the most powerful, the most illustrious must, like the poor and unknown, cast their

dependence upon the skill which, under God's guidance, the physician shall display in battling with disease and death. No other study presents difficulties and complexities so great as those which beset the study of medicine. In no other occupation in life are such varied culture of the mind and training of the senses demanded. Yet I learn on inquiry that the average time of apprenticeship to the following trades or callings is—for barbers, three years; for carpenters, printers, turners, plumbers, pattern makers, at least four years; for machinists, five years; and for pilots, seven years. Can it be that the apprentice must practise five years before he is regarded as a skilled workman, fitted to mend or make machines of iron or brass, and that in this land of intelligence, progress and common sense one who has studied medicine less than one-third of that time may have his license to meddle with and make or mar that most wonderful machine—*man's body*—infinitely complex, gifted with boundless capacities, and freighted with the awful responsibility of an immortal soul? Can it be that seven long years of pupillage must pass ere the young pilot may be trusted in charge of a vessel to guide it through the crooked, narrow channel, where only the hidden dangers of sunken rocks or treacherous shoals beset him, while in less than one-fourth of that time we profess that one may qualify himself to pilot the most precious craft—a human life—through the long, dark, intricate windings of disease, where at every turn death lies concealed, so close at hand and so difficult to avoid that nothing but the most intimate knowledge of his profession and consummate skill can insure safety. A strange seeming contrast, and yet the following careful examination of the state of medical education as it exists in all the medical schools on this continent with a few honorable exceptions fully supports the paradox. He then goes on to give the curricula, course of study required, and methods of examination of most of the medical schools in the United States, and compares them with the colleges of other countries. But I need not follow him further in this direction, and have only introduced his remarks to show the state of medical education as it exists where there is no central governing power having supervision over the different teaching and degree-conferring bodies, as was the case in Canada up to the year 1868. But I am pleased to say that to-day Canada as a whole has one of the highest standards of medical matriculation as well as medical teaching to be found in any country but Germany, and what we want particularly at the present time is to assimilate the systems existing in the different provinces, thereby making one uniform standard for the whole Dominion. And this brings me to the second part of my subject, viz., the question of Medical Reciprocity between the Provinces.

In reading over the Medical Acts of the different provinces, I find that Ontario is the only one that has a central examining board appointed by the Council, before whom every student desirous of practising in that province, no matter from what country he may come or from what university he may have a degree, has to pass. I further find in the Ontario Medical Act this clause: "When and as soon as it appears that there has been established a central examining board similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum is equal to that established in Ontario, the holder of any such certificate shall, upon due proof, be entitled to registration by the Council of Ontario if the same privilege is accorded by such examining board or institution to those holding certificates in Ontario."

I find in the Manitoba Medical Act that the University of Manitoba is the sole examining body for the Province, and in that respect comes nearer to the requirements of Ontario than any other, and I see no reason why, as long as this remains so, reciprocity should not exist between them. Now it appears to me there are just two ways whereby reciprocity between the provinces can be brought about, and these are, first, the repeal of that portion of the British North America Act which gives each province sole control over all educational matters, by taking from them this right and vesting it in the Federal Government, and the appointment of a Dominion Medical Board; or, secondly, the establishing of Medical Councils for each province, who shall appoint a Central Examining Board similar to that of Ontario, and when this is done let representatives from each Provincial Council meet, say in Ottawa, and fix one uniform standard of medical studies to be adopted by all the provinces. Now, as to the first, I think it is entirely out of the question, and can be put aside as utterly impracticable, as I feel sure the Local Legislatures would never consent to have the control of the educational system taken out of their hands. As to the second proposition, I see no good reason why it should not be adopted. In all the Provincial Medical Acts, so far as I am aware, full power is given the Councils to fix the period of study, make their own curricula, and to conduct their own examinations in the way which to them may seem best. Now, all the colleges and universities in the Dominion, so far as I can learn, require four full years of study from a student before going up for his degree, but those of British Columbia, whose Council is satisfied with three. The teaching in all these institutions is very similar, so that it would not be a difficult task to make them uniform in this

respect. Then all that remains to be done is to appoint a Central Medical Examining Board for each province, to examine and recommend for license all graduates, leaving the universities the power of granting degrees only. I shall no more suggestions on this point, as committees from each province were asked to meet in this city to discuss this matter fully, and I trust their deliberations will result in bringing about the object we all so much desire.

There is one thing that must always be borne in mind, however, and that is, no matter how or by what means reciprocity is brought about, the standard of medical education must always be advancing. This is something we owe both to ourselves and the public, although the latter are slow to appreciate the sacrifices we are constantly making in their behalf. When will they understand that it is more to their interests than ours that medicalmen should be thoroughly trained and well educated? These same people would never think of retaining an uneducated and incompetent lawyer to conduct a case when only their money or property was at stake, nor would they employ a poor mechanic to build their houses, or hire a worthless laborer who was incapable of doing the work intrusted to him. Yet they do not hesitate to put themselves under the care of and intrust their health and lives to those travelling charlatans who are without the slightest pretence to a thorough medical training (oras Dr. Campbell, one of the homœopathic members and vice-president of the Ontario Medical Council, puts it, "those uneducated, incompetent and dishonest persons who prey on the misfortunes of the sick and distressed: parasites on the profession and plunderers of the people"), and pay enormous fees, and those in advance: such fees that if any reputable physician should dare to charge the one-half his bill would be disputed. He would be called an extortioner, and his neighbors warned not to employ him. This is no exaggerated picture, therefore it behooves us as members of the Canadian Medical Association, having the welfare of the public at heart, to work together not only to elevate the standing of our profession, but to enlighten the public as to who are worthy of their confidence, and to warn them against the incompetent, uneducated and unlicensed men, as well as the registered quack who sells his license to some foreign institution and robs the deluded people, who employ him, of both money and health.

In speaking of reciprocity, it has always appeared to me the height of absurdity, that in this young country, made up of the different provinces and territories, confederated together under one general government, that in each of these provinces an educated medical man (already registered in one) should be required to pass an examination before being allowed to prac-

tise his profession on entering another province, or else be humiliated by being dragged before a magistrate, and fined, or sent to prison. What a spectacle it would be and how injurious it would prove, were the chief medical officer of one of our trans-continental or inter-provincial railways like the C.P.R. or G.T.R. be made to pay a fine for setting a fracture or amputating a limb for some poor unfortunate injured in an accident on one of these roads, outside the province in which the medical officer was registered; or in case of a suit for damages being brought against one of these companies in any province beyond the limits for which the chief medical officer's registration extended, what would be thought by the public if the court refused to hear his evidence because he was not a registered practitioner in that particular part of the country? Yet as the law now stands in some of the provinces, he, in the first instance, could be fined, and in the second his evidence would be of no legal value. Under these circumstances, I think it the duty of the Medical Councils of each province to consider this matter fully, and not only consider it, but adopt some means to remedy the evil, injustice and absurdity of the present state of things.

Let us, then, as members of this National Medical Association, throw aside all minor differences of opinion as to provincial rights, and use our influence individually and collectively to attain this object, and, like the two great political parties, unite, as they did twenty-five years ago, for the noble purpose of bringing together under one government the scattered provinces under the British crown in North America into one great Dominion, in whose capital we now meet, so let us assimilate, unite and bring together the different systems of medical education as now existing in these provinces, and form one great universal system with a standard so high that it will carry with it not only the respect and admiration of the people of this country, but secure the recognition it would deserve from the universities and medical councils of Great Britain and the continent; and just as Canada is destined to take her place among the most progressive and enlightened countries of the earth, so her sons, who are graduates of her universities and registered by her medical councils, shall take their stand among their confrères from the older countries in the world's medical congress, and feel proud to be called Canadians.

Dr. McPhedran, of Toronto, then read a paper on "Tubercular Cirrhosis of the Liver," which was discussed by Drs. Graham and F. W. Campbell.

Dr. H. P. Wright, of Ottawa, followed with a most excellent paper on "Appendicitis," which was discussed by the following gentlemen:

Dr. Bulkley referred to a case in his own

person when twelve years of age ; he was treated by Alonzo Clark. It was one of the earliest cases of opium treatment. The bowels were not permitted to operate in two weeks. The abscess opened into the bladder spontaneously, and he made a slow recovery.

Sir James Grant : I have been very much interested, indeed, in the excellent paper by Dr. Wright on "Appendicitis." I wish to bring before you to-day a case that I have now under observation, a gentleman who in his seventy-eighth year was attacked eight or nine days ago with very acute pains in the neighborhood of the appendix. I was under the impression that it was a case of acute inflammation in connection with the appendix or the tissues around it. I had attended him many years before for attacks of rheumatic gout, which generally ended in laying him up for weeks at a time. Had it been otherwise, I should have been inclined to follow the system of those who advocate early operation. Opiates were administered, and energetic dry cupping over the appendix. I informed him that I believed it was not at all unlikely that he would develop an attack of gout, as had been the case years before. On the eighth day after the abdominal trouble had almost disappeared, he had a moderately acute attack of gout. Some years ago I had occasion to write an article on the appendix, which was taken up later on by Dr. Howard, of Montreal. Since that time the treatment of appendicitis has been largely by operation, and now the abdominal cavity is regarded as a kind of gymnasium, and men think nothing of opening it to see what is the matter.

Dr. D. MacLean (Detroit) : I listened with very great pleasure and interest to the practical and suggestive paper of Dr. Wright, and, if it were in my power to add anything in the way of definiteness or certainty to the problems which he has so ingeniously suggested, I should be very happy indeed ; but I do not think that I am in a position to do so. I do not think that any person is as yet. After all, the operations in cases of appendicitis are of very recent origin, and I think it will be some time before we are able to lay down a complete set of rules for our guidance in those cases ; they vary so much from each other. I think there is one point with regard to the management of appendicitis ; we must take into consideration each individual case and judge of it on its own merits. We cannot lay down a general law that will apply to every case. Patients vary as to their age, as to their habits, as to their general condition, and in so many ways that while in one case it would be very easy to decide what course to pursue, in other cases it is a matter of the most extreme difficulty and the greatest responsibility. I may illustrate by one or two cases which have occurred to me quite recently. One was a case of a very well-known young

gentleman in the city of Detroit, a man occupying a prominent position there, a gentleman whom I have known for twenty years at least, and who has always been very delicate—a kind of constitution that a surgeon would be very unlikely to select, if he could arrange the matter beforehand, as a subject for operation. This gentleman was in the woods when he was taken ill, one hundred and fifty miles away from home—taken ill with all the characteristics of appendicitis. He got a special train and was brought home as soon as possible, and I saw him perhaps forty-eight hours after the commencement of the symptom.

He was then suffering very much pain, and had a good deal of fever—about 101—a rapid pulse, very furred tongue, very sallow complexion, and altogether it looked as if it would take very little indeed to turn the scale against him. The indications for operation were clear, except in so far as there was no fluctuation. That would have settled the matter, of course. There were tenderness and swelling, and all the characteristics. No doubt, if it had been an ordinary case brought to a public clinic or hospital, there would have been very little hesitation about performing an operation. But in this case, in view of the responsibility connected with it in many ways, and in view especially of the patient's condition, I did hesitate, and I made up my mind that I would wait anyway for twenty-four hours longer, getting everything ready in the house to operate providing the temperature went up, or other indications seemed to require it. I watched him very carefully indeed. In twenty-four hours his temperature had begun to go down. The swelling at the appendix had begun to disappear to some extent. His general condition was better, his pulse moved freely, the expression of his countenance improved, and I felt still further encouraged to wait. I did so, watching him very carefully until the symptoms gradually disappeared, and he got well without an operation. Now, there is one of those cases that illustrate the difficulty in deciding as to the operation. I have no doubt at all that if ten operating surgeons had seen that patient, eight at the very least would have determined upon an operation, and yet the patient made a good recovery without it. A very few days afterwards I was called into the country to see a young man, aged 22, who had violent symptoms of appendicitis, and had been suffering for several days. I was called for the purpose of operating, as the surgeon in attendance was confident that nothing but an operation would have saved the patient's life. Sure enough. I found him with a high temperature, with well-marked swelling, and I believed I could detect fluctuation. At all events, the general symptoms were so urgent that the case did not seem to me to admit of any doubt whatever as to an operation,

and I with very great facility found and perforated the appendix imbedded in a large cavity of exceedingly fetid pus. I removed the appendix, washed out the cavity very thoroughly indeed, and left the cavity open with absorbent gauze so arranged as to make a good drain, and the patient recovered without any bad symptom. These are two characteristic cases illustrating the position that a surgeon very often finds himself in with regard to appendicitis. The question as to operation of the one case had gone so far, the last one I have described, that any doubt about it had really vanished. A few days before, it might have been much more difficult to determine, although no doubt the patient would have had a better chance.

There is one point that I notice in Dr. Wright's paper—the question of the kind of drain to use. I have tried all kinds, and have settled down at last to gauze. I believe iodoform gauze makes the surest drain so long as the cavity is not too full to obstruct discharge. Just a few days ago I operated for a case of appendicitis which also elicited another point brought out in Dr. Wright's paper. All the symptoms of a rapid case of appendicitis were there, and I was called in for the purpose of operating. I acted on the patient within five minutes from the time I first saw him. The case had gone so far that the patient had been delirious, although the temperature was normal. One cannot always trust the thermometer. There was a patient in an advanced stage of appendicitis, and yet his temperature was normal. Still, his pulse was bad, and he had a low form of delirium. There was a discharge of a large quantity of pus. I washed out the cavity and made a good drainage, and the patient made a very rapid recovery. The point I wish to make is especially this, that I never saw the appendix. I passed my finger in and I found the abscess which was caused by the appendicitis was fenced off from the peritoneal cavity, and so I operated without touching the cavity, and I thought I should repress my desire for an additional specimen for my collection, and resist any tendency to look further for the appendix. He made a good recovery, as good as I have ever seen, and do not suppose I shall ever have any further trouble with him. I do not think it is always necessary to find the appendix or remove it. There is one other point with regard to those cases—it is one of the most unfavorable and unpleasant to contemplate. I can illustrate it by a characteristic case which occurred in my own practice about a year ago. A young lady had recurrent attacks of pain caused by appendicitis. I had been called in once before, but the attack had passed off, and she was well, though she had a delicate constitution. Another attack took place, and I was called in. The symptoms continued and became aggravated, although there

was no very definite swelling. There was a high temperature, rapid pulse, pain, and general constitutional disturbance. In that case it was thought necessary to operate, and I did so. In that case we got down to the appendix, and with the utmost facility found the appendix swollen, inflamed, and adhering. I separated it very gently, of course. I do not think the whole operation lasted over five minutes. I closed it up, and congratulated myself on having struck a very satisfactory and easy case. She was a young lady about seventeen years of age. Unfortunately, she never did any good after the operation. She woke up in agony, and all the symptoms of collapse came on with tremendous rapidity, and in twelve hours she was dead. Unfortunately, I could not have a *post mortem*. Strange to say, on the same day, in New York, Dr. Bell, of that city, performed an exactly similar operation on a young lady of exactly the same age, and with exactly the same result. He could get no *post mortem* either. Now, perhaps on the other side of the abdominal cavity there was a secondary accumulation of pus which was not detected, and, if I find myself in a similar case hereafter, I think I shall make a careful exploration. If I did not find the pus which we had reason to believe existed somewhere, I would not have been satisfied with merely removing the appendix, which was done in this case with very great facility, but I should have had a suspicion that there was something more, and try to find it. I think it is quite possible that in that case we might have found in the pelvis or somewhere a collection of pus which, if had it been removed, might have had the effect of saving the girl's life. Another point, and I will have done; it is a very nice subject, and once you get a surgeon started on it, it is hard to stop him. It is a subject on which the surgeon is mostly always wound up. One other point I want to make here, and that is the danger of the exploring needle or aspirator. I think we might almost say now that the aspirator has outlived its usefulness. I know very few cases in abdominal surgery where the aspirator is required. I have seen very sad cases, indeed, where great injury has been done by it. First, by the injury it involves; second, by sepsis; and, thirdly, by the incomplete diagnosis. There may be cases where you may empty an abscess by the aspirator successfully, but they are exceedingly rare. They generally leave enough behind to insure further trouble. At all events, as far as appendicitis is concerned, it is a paltering palliative and ineffectual mode of dealing with it. Either do one of two things—trust to nature and general treatment, or explore the abdomen and make a thorough, complete, and scientific operation.

(To be continued.)

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EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.,
London.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, NOVEMBER, 1892.

RECIPROCITY IN MEDICAL DEGREES.

We have for many years strongly advocated the establishment of a great national University of Canada whose functions should be limited to examining candidates and granting degrees in Medicine, Law, Arts, Music and all the other branches, the graduates from which, by its high standing, should be exempt from further examination, not only in all the Provinces of the Dominion, but also in every country on the globe. With only one portal to the profession, and that portal the University of Canada, the Canadian M.D. would be recognized all over the world as a man of the highest professional attainments, and arrangements could probably be made whereby he could register in the United Kingdom and in other countries, on equal terms with those countries' own graduates. Or reciprocity could be arranged so that an M.D. Canada could receive the M.D. Paris, or M.D. London, and *vice-versa*, on payment of a small fee.

The establishment of a University of Canada would not entail such sacrifices upon the present teaching bodies as one would at first sight suppose. They could all continue their work of teaching and

collect their fees for the same as at present, and they could issue a diploma to those who have completed a satisfactory course, just as Guy's and Bartholomew's and the other schools in London do now, while the Central Examining Board of the University would be composed of representatives elected from all schools, who would receive a salary instead of the fees now collected from the graduates by the schools.

But even with a Central Examining Board or University of Canada there would still be a need for a Medical Council in each Province to regulate the internal economy of its own district, and to see that no more than one physician per thousand of population, or such other number as could earn an honorable living, should engage in practice in that province. It would be unjust and unwise to allow the peace and happiness of the practitioners already there to be destroyed by having to struggle for an existence with a flood of graduates from some other country. When the supply of doctors greatly exceeds the demand, there inevitably follows such a keen fight for life that professional honor and dignity suffer greatly.

While we would be glad to do all in our power to bring about reciprocity, so that one examination would suffice for all, yet we would be sorry if there were no means of limiting the number of practitioners in each province to that limit which experience has shown to be safe, in the interests of the public and the profession.

THE RELATION OF CONSTIPATION TO MENTAL DISEASES.

We have on several occasions pointed out in these columns the importance of constipation as a cause of diseases of the pelvic organs, prostate, uterus, ovaries and rectum. We feel equally certain that constipation is also the cause of a great many of the milder forms of mental derange-

ment, not mechanically, as in the case of the pelvic contents, but chemically, by the absorption into the blood of the ptomaines given off by the germs of putrefaction. We have all observed the effects upon the mind of the retention of bile in the blood during an attack of jaundice. The patient becomes despondent, and his brain can no longer perform its most ordinary duties with ease or satisfaction, and he sees everything from a pessimistic point of view. Now, this may be directly due to the action of bile upon the nerve cells of the brain or indirectly through the digestive tract, where, owing to the absence of bile, which is a powerful antiseptic, the germs of putrefaction swallowed with the food have full play and cause rapid decomposition of its contents. The resulting ptomaines and gases are soon absorbed into the circulation, and carried in large quantities to the brain, and the latter, being thus bathed in a pernicious instead of a pure and nourishing fluid, is unable to form sound and happy conclusions. The improvement of the mind following a course of treatment of the liver and the cleaning out of the intestines is well known. In a recent number of our excellent contemporary, the *Alienist and Neurologist*, several cases are reported, which would seem to prove that extreme cases of constipation may result in insanity. One of the cases was that of a man with suicidal tendencies, who had refused food for a long time, and who was restored to mental soundness after being relieved of an immense quantity of accumulated feces. Another was a young man who was morose, quarrelsome and suspicious, who was restored to health by clearing out the bowels.

We think, therefore, that in works on insanity, constipation should be removed from the list of *symptoms* and placed near the head of the list of *causes* of this distressing malady. At any rate, we cannot err if we commence the treatment in every

case of mental disease by obtaining and maintaining an effective cleansing of the digestive tract.

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THE U. S. PHARMACOPEIA "1890" which will be published during 1893, adopts in great measure the METRIC SYSTEM of Weights and Measures; this will doubtless create much confusion in the minds of Physicians and Druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary" has prepared a very complete table of the Official and Unofficial Drugs, with doses in both the METRIC and ENGLISH systems; this table is to be published in P. Blakiston, Son & Co's Physicians' Visiting List, for 1893, together with a short description of the Metric System.

THE OCTOBER HOME-MAKER.

THE HOME-MAKER magazine for October, Vol. ix., No. 1, appears as a brand-new magazine from cover to cover. It is much larger and greatly improved in every respect, although the price remains at \$2 a year and 20 cents a copy.

The contributors in the October number rank high.

Mayo W. Hazeltine has an article on the Federal Elections or Force Bill, and gives both the Republican extreme view and the Democratic extreme view,

Ella Wheeler Wilcox has a poem on Columbus.

Helen Leah Reed contributes a paper on experimental education, which is illustrated.

Miss Frances Smith tells all about Rev. Dr. Parkhurst, with three beautiful half-tone pictures of the eminent divine from his boyhood days to the present time.

The life and works of Jenny June (Mrs. Croly), by J. Martin Miller, appear in this number.

Other articles are :

Jennie June, Frontispiece, 22-62; Jennie June, Her Life and Work, by J. Martin Miller, 3; Far and Near (Poem.), Anna Olcott Commelin, 5; Some Early Homes of Mankind, Pueblos and Cliff Dwellings, Frederick Starr, 6; Portraits of Celebrities at Different Periods of their Lives, Dr. Parkhurst, Lexington, 11; Force Bill, or Federal Elections Bill—Two Views of It, M. W. Hazeltine, 13; "Thy Will, not Mine" (Poem), 15; Columbus (Poem), Ella Wheeler Wilcox, 16; Notes of a Short Trip Abroad, Jenny June, 17; Dr. Samuel G. Howe, Helen Winslow, 21; Up Hill, The Story of a Sugar Plantation (continued), Emma M. Connelly, 23; A Dream (Poem), 27; An Experiment in Education, Helen Leah Reed, 28; An American By-Path to Russia, Francis B. Stanley, 32; Our Grandfathers' Picture-Books, 34; Heartsease (Poem), 43; Sallie Paddelford, W. E. Maffin, 44; Topics of the Time, Helen Leah Reed, 48; The Mission of a Sunbeam (Poem), 50; The Autumn Rockeries, George Ethelbert Walsh, 51; Decorative Home Art, 53; A Table Fountain, Virginia Vassar, 53; A Hard Problem to Solve, Virginia Shortridge, 55; A Newspaper Party, Alice M. Kellogg, 56; With the Housewife, 57; The Domestic Club, Emma W. Babcock, 57; Grapes, Katherine B. Johnson, 59; Ranch Furniture, Violet Upham, 61; Why Do Girls Enter Convents? Miss G. Lynch, 63; The Musket of Grandmother Gray (Poem), T. C. Harbaugh, 64; Health Hints, Susanna Dodds, M.D., 65; Homes—Home-Building, Frank P. Allen, 67; Fashions Abroad, Jenny June, 69; Autumn Fashions at Redferns, J. J., 70; Fashion Notes, Virginia Vassar, 75; Library, 76; Correspondence and Queries, 78; Notes of Various Interest, 80; Publishers' Notes, IX.

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LEONARD'S PHYSICIAN'S POCKET DAY-BOOK.—

Bound in Red Morocco, with Flap, Pocket, Pencil Loop and Red Edges. Price, post-paid, \$1.00. Published by THE ILLUSTRATED MEDICAL JOURNAL CO., Detroit, Mich.

This popular day-book is now in its 15th year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for *thirteen months*, from the first of any month that it may be begun, and accommodates daily charges for 50 patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is 7½ inches in length, and is 3½ inches wide, so that it will carry bill heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

Dr. Laphorn Smith, professor of Gynæcology in Bishop's College, has been elected a Fellow of the American Gynæcological Society, at its recent meeting in Brooklyn. The Society is limited to one hundred, but it has never chosen to fill up its ranks to the full quota. The election of a Canadian for the first time is an honor to Canada and an evidence of the hearty good will existing between the professions of the two countries.

THE RUSSIANS OBJECT TO MEDICINE.

The Morning says the Russian has a deep-rooted dislike to medicine in any shape. Violent scenes have occurred again in Astrachan, where the mob stormed the local pharmacy, and slew the chemist and his assistants. The often expressed contempt for "doctors' stuff" among the masses at home hardly ever stands the test of even a slight ailment. In Russia the patients are so much in earnest that they would rather kill the chemist than take the medicine which he dispenses. They have also destroyed a large quantity of disinfectants which had been landed from a steamer, and attempted to board the vessel, but were repulsed by the crew. This is a pleasant state of things, and must render the life of a Russian chemist anything but happy. With all the troubles incidental to doing business there, the Englishman has a lot to be thankful for, it would appear; anyway, as compared with Russia, there is less excitement.

The Canada Medical Record.

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Original Communications.

AN EPIDEMIC OF MEASLES.*

BY DR. C. J. EDGAR OF SHERBROOKE.
Mr. President and Gentlemen,

During the months of June, July and August of this year—the centenary by the way of the differentiation of measles from scarlet fever—there occurred in my practice an epidemic of measles numbering 423 cases. It occurred in a mining town among a class of people moderately cleanly and fairly well fed and housed. It began with measles of the ordinary type, rapidly becoming more severe, until during the height of the epidemic it was extremely severe, and every case either of the malignant or the hæmorrhagic type. When the acme was past, the disease gradually became of less severity until the last cases were again of the usual mild variety.

Of the 423 cases which constituted this particular epidemic, only 123 were of the regular type. Of these, seventy-six (76) occurred at the beginning of the epidemic,

12 were scattered through it, and the remaining 32 at the end of it.

103 cases were of the malignant type, *i. e.*, were of extreme severity, were all complicated by some other disease, and furnished all the fatal cases which occurred, viz., seven.

The remaining 200 cases were of the hæmorrhagic form, and while more severe than the mild cases, were yet much less violent than the 103 cases which I have classed as malignant, and were none of them fatal.

The contagiousness of the disease was extreme and universal—almost every person in the locality who had not had it, independent of age or sex, contracting it. Many claimed to have had the disease before, and six of them were certainly right to my own personal knowledge. Although in such an epidemic it is extremely difficult to determine the period of exposure to infection, it was still possible to verify the statement that the period of incubation of measles is very variable and uncertain.

The only symptoms which were present in absolutely all the cases of whatever type

* Read before the Canada Medical Association, at Ottawa, 20th Sept., 1892.

were the rise of temperature and the eruption. The catarrhal symptoms which we are taught to regard as the only really characteristic ones in the early stages of the disease were entirely absent in about 5% of the cases. The mouth rashes of Guersant and Blache and of M. Girard were present in only about 25 per cent.

The initial stage in this epidemic was very prolonged, ranging from 4 to 14 days, the average being about 6. The eruption of whatever type appeared first on the face, and in almost every case was indistinctly visible under the skin for from 6 to 48 hours before its appearance as a distinct rash.

In the 200 cases of hæmorrhagic type—in which the spots were of a more or less livid hue with ecchymosis of various sizes and shapes—slight hæmorrhages from the mucous cavities were very common. Almost all the adult females menstruated during the attack, and 3 female children aged respectively 3, 7 and 9 had a similar discharge from the genitals. Hæmorrhages from the nose were the most common, and usually pretty severe, but spitting of blood and discharge of it from the rectum and bladder in small quantities was not uncommon. In five cases before the eruption appeared the patients became for two days literally black and livid all over, causing their friends great anxiety and creating tremendous consternation among their neighbors. They had exactly the appearance of suffering from extreme asphyxiation, but there was no trouble in breathing and no particular lung symptoms. The type of the disease in these cases was not due to any lack of resisting power on the part of the patients, nor to their surroundings, for they all happened to occur in healthy young adults in easy circumstances. The only peculiarity about them all was that they were of dark complexion, and perhaps therein the whole explanation might be sought out. Al-

though severe, these cases were not fatal, nor did they differ otherwise than in appearance from hundreds of others. The rash in the hæmorrhagic cases lasted very much longer than in the other varieties, persisting as discolored spots in some cases for weeks.

The several other varieties of rash—"papulosi," "vesiculosi" and "confluentes"—especially the latter—were frequently met with; but after careful observation I came to the conclusion that, in this epidemic at least, the eruption, whether in variety, time of appearance or amount, had little or nothing to do with the progress or severity of the attack. That the different types were simply modifications of the same disease was shown by the fact, that in several cases the mild type begot the malignant and hæmorrhagic, and *vice-versa*.

The modifications of the disease were so numerous and the appearance of the eruption so variable, that for me at least it would have been utterly impossible to diagnose with any degree of certainty any stray cases of *rotheln* or *scarlatina* which might have appeared during the course of the epidemic.

The temperature was found to vary from 100 to 103 degrees, anything over 103 being invariably due to some complication—notably catarrhal pneumonia. The average temperature in the mild cases was 101 degrees, in the severe or malignant cases 103 4-5 degrees, and in the hæmorrhagic cases 102 degrees.

In all the really severe cases there was some complication present—bronchitis being the most frequent and pneumonia the most fatal. Some authors state that when a pulmonary complication begins in the prodromic stage it almost always modifies the eruption in some manner, either retarding or rendering it irregular or imperfect; and that when it dates from the second stage it may cause a partial or complete retrocession of the

eruption. This was not the case in this epidemic, for in none of the complicated cases did the rash disappear or become markedly irregular. The only other complication which was sufficiently constant to show connection with the disease was intestinal inflammation, notably entero-colitis in children, and this might possibly be explained by the appearance of the epidemic during the hot season. Two rather mild cases were complicated by pregnancy, but without result.

Convulsions occurred in the prodromic stage in 10 cases, but were not protracted, and all disappeared as the disease became established. No cases of meningitis occurred.

The sequelæ were not important, and consisted mostly in chronic coughs and minor eye troubles, with in young children the persistence of a troublesome diarrhœa.

The total mortality was 7 cases, all of the malignant or complicated type, and none of them of the hæmorrhagic variety. They all occurred in babies between 6 and 18 months of age, and were entirely due to the complications,—one of enterocolitis, two of bronchitis and four of pneumonia.

Of the treatment, I can only say that it was largely expectant and symptomatic, cold water being freely allowed in all cases.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

(Continued from page 45.)

Dr. Hill: This interesting discussion has opened my memory, and I recollect a case that I was attending at Brighton, England, years ago, of a young lady who was suffering from appendicitis. There was constipation, and when that was overcome she voided no less than eight plum-stones. She had eaten plum-jam eight weeks previously.

DISCUSSION CHOLERA.

The president, Dr. Bray: We have the Min-

ister of Agriculture here, and I would ask now that Dr. Bryce come forward and open the discussion on cholera. The Hon. Mr. Carling does not wish to make any remarks now, but will do so afterwards.

Dr. Bryce said: Gentlemen, I have only to remind you that it is not six weeks yet since we had an official notice of cholera being present in Hamburg; that we have seen cholera brought from that point to England and to a United States port, endangering our own various localities to an extent which has created an extreme interest, which epidemics of cholera invariably have done since their first appearance here in 1832. In the limited time at my disposal, I shall only refer to two particular portions of the question of "What has this continent to do to protect itself against cholera?" You will remember that the International Conference is simply a meeting of executive officers, and that after the deliberation the president selected a commission of some seven gentlemen, four of whom made the Eastern trip to inquire exactly into the border defences against the introduction of the disease to this continent. We started about the first of this month, and visited the Grosse Isle quarantine, and from thence, the day after the disease appeared in New York, we hurried as rapidly as possible to New York harbor, and there saw what all of you have read about, the detention of thousands of passengers in the middle of the harbor on infected ships. We went from that point to Boston, to Portland, to St. John, and Halifax, and back again to Philadelphia and Washington. I may state the general conclusions arrived at by the commission. I may say in brief that we have found this—that, assuming the disease to be brought to this continent in ships, there is a great lack at all points generally of provision for the removal of the healthy from infected ships. That is the very thing we found in New York harbor, and it seemed to us absolutely inhuman to see the large ocean ships, with hundreds of valuable lives upon them, lying there for nearly two weeks, exposed every day, in most cases, to the sick, through the crew, stewards, etc., passing through the ship continually. The first thing we said was, "Get these people off the ships." It was finally done, but after great difficulty. At Boston the station had good places to take passengers to; but this brings up the next point, viz., the insufficiency of means to remove passengers from the infected ships.

At our own stations, Grosse Isle and Halifax, and others, this was noticed just as at New York, where there were thousands on the ships lying in the harbor. We likewise concluded that at all points where immigrants are received there must be means for immediate removal to islands if islands are used for quarantine stations. The next danger is that at New York—it is not so now at Philadelphia, and I think we can

say Philadelphia is safe—but at New York and Boston at the time of our visit, and at our own ports, there was a very great lack indeed of any modern facilities for rapidly and thoroughly disinfecting the baggage, which might have been infected before it was packed up and brought on board at Hamburg. That, then, is the next absolute necessity—that we must have modern disinfecting appliances wherewith rapidly, and with certainty to destroy any germs in the baggage or effects of immigrants, and, next, that there shall be at these points such facilities as shall rapidly and completely disinfect the ship which may have been infected. Now, at no place on our whole tour from Grosse Isle to Washington did we find any sufficient apparatus for that particular part of the work. So you can see that there is in that direction a very grave question facing us—how much can our Government afford to spend, how much can the Federal Government and the State Governments of the United States afford to spend for this purpose? What shall be its character, and, next, where shall they make their main point of defence? If we have not money to do this at more than two or three points, then it is possible to require all ships with passengers to come to those points. What is demanded is that here and in the United States, at those points, there shall be absolute defence against ingress. The other point I shall simply refer to because it belongs to the honorable gentleman's department—and it is a question which has arisen with the members of his own Cabinet, and with Provincial Governments and the various transit companies—what action shall our Government and the United States Government take with regard to bringing in immigrants next year?

We know that next year we are to have a great World's Fair on this continent, and we know there will be a large influx of a very doubtful class of immigrants from European countries. The immigration to the States last year was over seven hundred thousand. The Grand Trunk Railway brought in nearly forty thousand, mostly from the port of New York, during the last eight months, and our great railway has brought in some sixteen thousand by way of the St. Lawrence. This indicates that the danger to us is greater *via* New York than it is *via* the St. Lawrence, and it further indicates that the United States are not in any way exposed as much to us as we are to them. The question then arises, What can we, as medical men, viewing the situation broadly, recommend to all the health authorities with regard to next year? Our opinion is that of many gentlemen in the United States, that excepting, probably, immigration from Norway and Sweden and the British Islands, we shall urge that for a year at any rate—that is, next year—there shall be a complete embargo put

upon that kind of immigration which comes to this country, especially through the port of Hamburg. You all know what it is; I need not describe it. If any of you have any doubt about it, let him look at the arrivals by the various ports of entry. If cholera once gets into New York and begins to spread, the people would disperse by twenty or thirty lines of railway, and coming into Buffalo by as many more, you can readily understand what we would be exposed to. The only fight we can make of a really effective character is the external fight. If after that we have to fight it in our individual towns and cities, I trust that with the work done in the present winter by local health organizations, cleaning up everywhere and making the most positive health regulations necessary, we shall be comparatively free from danger if it gets through our frontier. I trust gentlemen will continue the discussion as I have indicated, and, if possible, formulate some broad conclusions that will be useful to ourselves as health officers and, I have no doubt, of equal use to the Honorable Minister of Agriculture.

Dr. Rogers: What would Dr. Bryce consider as the most rapid and thorough way of disinfecting the baggage and the passengers on ships?

Dr. Bryce: Of course it is a question with a great many details in it, but I may say briefly this: it can be illustrated by one single reference on this continent. At New Orleans, as we all know, every year they suffered greatly from yellow fever, and especially from 1876 to 1878. The district during those years was semi-decimated. They introduced a very simple process of putting the infected material into a long cylinder, which could be supplied with live steam under pressure rapidly driven in through pipes, and kept there until everything in the inside was disinfected. It has been improved upon, and we have now, in the one at Grosse Isle, one of the most effective that I have seen on the continent. It is about nine feet long and four feet in diameter. It would only take a few square yards at a time, and that would take too long,—that is, for the baggage itself. The other point is, that after the persons have been removed, they are handled in this way at Philadelphia by appliances completed last week. They fitted up a steamer complete in its details so that they could run out close to the infected ships; then take on 50 or 60 passengers an hour, and put them in large bath-rooms where they can be washed within an hour, and while washing have their clothing put in a superheated room where it can be disinfected. The next hour they take off as many more, and in that way disinfect the whole of the passengers. That is the steamer of "observation." Then they take the baggage by a *lighter* to the shore, and disinfect it in a super-

heated chamber there. The difficulty is they cannot, at Philadelphia or at New York, and we cannot at Grosse Isle yet, bring the ship alongside of a wharf where it could be cleaned. In order to clean the ship at Grosse Isle, Philadelphia, etc., they have adopted a plan of placing on a barge, or some sufficient vessel, large chambers in which sulphur dioxide can be rapidly distributed by means of fans. A large quantity of sulphur dioxide is sent through the ship. If that is done thoroughly and the ship stands under sulphur fumes for twenty-four hours, they have found in New Orleans, at all events, that it does disinfect the ship, not only in cases of smallpox, but also of yellow fever. That is, I think, an answer to the question.

Dr. Playter: I think we should consider hereafter, as medical practitioners, another aspect of the question. We know that there are yet other factors in the causation of all diseases of an infectious nature, and Sir Andrew Clarke has recently brought the question to a fine point in regard to tuberculosis. He said there were necessarily two factors in the causation of tubercles: one the bacillus, and the other the soil on which it grows. It is most desirable that everything should be done through quarantine to prevent the infection reaching this continent; but I think attention should be directed to the other essential more than it has been. Not that we should neglect the first, but the infection will escape the best quarantine and the best disinfection. There will be less danger in the future, but we should prepare for a certain amount of outbreaks at the best on this continent next summer. Our present facilities for instructing the people are I think, insufficient, and a good deal might be done by way of enlightening the people in the way of the soil. We all admit that if the digestive canal is in a good condition there will be no infection, and the general functions of the body should be kept in a vigorous condition. It seems to me very clear that unless there is a want of acidity or, rather, alkaline conditions of the intestinal canal, the cholera bacillus will not develop there. I think there should always be a thoroughly clean condition of the digestive organs.

Dr. F. W. Campbell: I do not think that, with all the good will that the Hon. Mr. Carling has, he will undertake to keep the digestive organs of the people of Canada in good order. That is a matter which comes under the cognizance of the provincial authorities. I should like to ask for information from those who are health officers, if it is not a fact that the statistics give the following: That 70 per cent. of epidemics escape quarantine, and that 30 per cent. only are successful, even under the best system of quarantine?

(To be continued.)

THE AMERICAN GYNÆCOLOGICAL SOCIETY,

Comprising a membership of about ninety specialists, held its seventeenth annual meeting, September 21, 22 and 23, in the city of Brooklyn. This city is favored by the residence of many prominent members. Women doctors were well represented, and one Chinese, Dr. Thomas, was present. Over twenty technical papers were read, some of which brought animated discussion. Dr. Charles Jewett, of Brooklyn, gave the address of welcome. The President, Dr. John Byrne, delivered the annual address, nearly two hours in length, reviewing the work of the Society and the progress of gynæcology at home and abroad, and as a whole was a plea for conservatism in abdominal surgery. Considerable emphasis was given to this part of the paper by the fact that Brooklyn gained considerable notoriety, more than a year ago, through the operations of Dr. Mary Dixon Jones and her son, which caused much comment by the press at the time. Many of Dr. Byrne's points were received with applause. The social part was a pleasant feature. Dr. A. J. Skene first invited a large number of the profession to meet the Society at a reception in the St. George Hotel, and about three hundred accepted the invitation. The next day the Society enjoyed a luncheon given them by the Medical Society of Kings County, Dr. T. L. Emery, president, and on the third day a luncheon was given them at the Union League Club, by Dr. Chas. Jewett.

THE AMERICAN ELECTROTHERAPEUTIC ASSOCIATION

Held its second annual meeting in the New York Academy of Medicine, October 4, 5 and 6. Dr. William J. Morton, president, delivered the annual address. Many important papers were read and discussed by such experts as Dr. A. P. Rockwell; Dr. Horatio Bigelow, secretary of the Association; Dr. G. Apostoli; Dr. Augustin H. Goelet, of New York; Dr. G. B. Massey, of Philadelphia; Dr. Margaret A. Cleaves, of New York, and others. The Association is composed of members of the medical profession who are specially interested in the study of electricity as applied to disease. It is not many years since work in this line was looked upon as disreputable, while to day, all the medical colleges deal with it more or less, and seldom is there an issue of a medical journal without something in reference to it. The use of electricity is now common among physicians, some of whom will advise a patient to get a battery and use it. Would any one recommend a patient to get a lancet and use that? For this reason it is a hopeful sign that those who are most interested in the scientific use of

such a powerful agent as electricity has proved itself to be should undertake to place it on a scientific basis, and this Society has an important work before it.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS,
FIFTH ANNUAL MEETING, AT ST.
LOUIS, MO., SEPTEMBER 20-23, 1892.

Dr. George H. Rohé of Catonsville, Md., read a paper upon "The Relations of Pelvic disease to psychical disturbances in woman."

The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject the following report was submitted:

In a hospital containing 200 insane women, 35 were subjected to vaginal examination and 26 found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed with the following results:

Sixteen recovered from the operation and 1 two died. Of the 16 recovered, three have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions, and in 3 the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the 18 cases was melancholia in 6 cases, simple mania in 1, puerperal mania in 4, hysterical mania in 1, periodic mania in 2, hystero-epilepsy with mania in 1, and epilepsy with mania in 3.

The author, basing his opinion upon his experience, concludes as follows:—

"The facts recorded demonstrate first, that there is a fruitful field for gynæcological work among insane women; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and third, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity, to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

LITERARY NOTE.

The Messrs. Macmillan & Co. announce that the recently completed edition of Foster's Text-Book of Physiology in four parts is to be sup-

plemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc. D., F.R.S. Dr. Lea is Lecturer on Physiology to the University of Cambridge, England.

Progress of Science.

ASEPSIS AND ANTISEPSIS IN THE COUNTRY.

By I. J. PROUTY, M.D., OF KEENE, N.H.

Cleanliness, not in the ordinary sense of the term, but *surgical cleanliness*, is the foundation of asepticism. If we could be sure that everything pertaining to an operation was free from germs, and the field of operation perfectly aseptic, we should have no need of the use of chemical agents as antiseptics. But as many accidental wounds are septic on account of foreign matter that has got into them at the time of the injury, or afterwards by filthy dressings applied before the surgeon arrives, and as operations are often done in regions of the body that are naturally septic, as the mouth, rectum, and vagina, we must resort to agents that tend to prevent putrefaction. Surgical instruments sometimes carry septic matter into a wound. They can be sterilized by either dry or moist heat, the latter being the best. They should be very thoroughly scrubbed with soap and water after each operation, and just previous to the operation should be rolled up in a cloth and submitted to the action of steam in a sterilizer for an hour, or boiled in water for five or ten minutes. They should then be put into carbolic acid solution (1-20), and kept immersed during the operation. The hands of operator and assistant should be thoroughly scrubbed with soap and water, and then in a saturated solution of permanganate of potash or peroxide of hydrogen. The discoloration of the hands can be removed by a saturated solution of oxalic acid.

A vessel of carbolic acid solution (1-30) should be used during the operation to dip the hands and instruments into. If the field of operation can be planned beforehand, it should be shaved and scrubbed thoroughly with soap and water and then with corrosive sublimate (1-500) or peroxide of hydrogen; and then several layers of aseptic gauze which has been wet in solution of corrosive (1-2000) applied and kept in place by a roller until the time for the operation. Braided silk, for sutures and ligatures, can be boiled and then kept in alcohol. Catgut is not so reliable. It is not easy to keep sponges clean. I make them of wool covered with gauze, and after use throw them away. They should be boiled, dried, and put in glass jars, and just before

operation should be again boiled or steamed.

There are many forms of dressing, but I find that what is known as the "baked dressing" is the most convenient to carry around in the country. It is corrosive gauze that contains ten per cent. of glycerine, to keep it moist and render it more absorbent. A roll of gauze is rolled up in a sheet of cotton wadding which covers it and keeps it in place. It is put into a tin can and baked in an oven heated to 250° F. The can should not be opened until the dressing is used. In laparotomies long strips of aseptic gauze are excellent to tuck into the abdominal cavity to take up the fluids. In dressings the gauze should be ten or twelve layers thick, and should extend a good distance from the wound. The dressing is not cheap. It will save much expense to buy the gauze by the web and prepare it yourself, and you will have a better article.

Needles can be carried in glass ignition-tubes with cotton and a cork at the end. These can be held for a moment over an alcohol lamp to render them aseptic.

SALICYLATE OF BISMUTH IN INFANTILE DIARRHŒA.

Mikhnevitch (*Med. Obozrenië*, in *Med. Record*, Aug. 13), having tried salicylate of bismuth in 50 cases of diarrhœa in infants under two years of age, reports that of the number only 2 died (a boy of eight months with pelvic suppuration consecutive to intractable colitis, and an infant of five months, born prematurely and exceedingly sick since its birth). The following formula is recommended:—

R. Bismuthi salicylat.,	gr. xxiv
Gummi arabici,	3 j
Sacch. albi,	3 iss
Terendo adde aq. dest.,	3 ij
Fiat lac, tum adde aq. dest.,	3 iv. M.

D. S.—The bottle to be kept in cold water or ice, and to be shaken well before use. One or two teaspoonfuls to be given from three to six times daily.

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which constitutes a normal dose (three or four times daily) for an infant of from six to eight months of age. In case of offensive diarrhœa the administration should be preceded by a dose of castor oil.

IODOFORM AS A LOCAL ANÆSTHETIC IN RECTAL DISEASES.

Iodoform takes a place as a valuable remedy for the production of local anæsthesia, particularly valuable in view of the fact that it is capable of producing anæsthesia of the mucous membranes of the rectum or vagina, mucous membranes which resist the anæsthetic power of cocaine, because of the density and thickness

of the epithelium in those parts, unless the cocaine be used in unusually large amount.

Physicians who have under their care cases of fissure of the anus, in which condition, when well developed, the pain is so severe as to be beyond endurance, will be able to give their patients relief by the use of an iodoform suppository, containing 5 to 10 grains of the drug. After it has been in the rectum for a short period of time, a movement of the bowels may take place with comparatively little discomfort. This is a valuable therapeutic point in connection with the treatment of hemorrhoids by operative procedure, and in operations upon the perineum, where the discomfort and pain which follow are in great excess of the severity of the operation, disturbing the patient's rest and straining the nervous system. Iodoform in suppository is not only the most efficacious, but the most rational remedy under these circumstances. The local antiseptic effect of iodoform, aside from the anæsthesia, is useful, and a sufficient quantity of the drug cannot be absorbed to produce disagreeable symptoms or variations in the functions of any important organ.—*The College and Clinical Record*.

FLATULENCE IN STOMACH DISORDERS.

Dr. Perujo (*Rev. Intern de Bibl. Med.*, in *N. Y. Med. Record*) believes that eighty per cent. of dyspeptics suffer from flatulence, and that in twenty per cent. of cases it is very severe and quite alarming. The origin of the gas may be from the atmospheric air, from the diet, from the blood by exosmosis, or from decomposition of the fecal matter. Chemical analysis of the gas reveals oxygen, azote, hydrogen, carbonic acid, protocarbonated hydrogen and sulphuretted hydrogen. Pain is the chief complaint, and at times it is so severe as to simulate poisoning. As to treatment, regimen plays an important part. The patient must masticate all food laboriously, must lead an active life, and regulate the hours for taking food with much care. Abdominal massage acts beneficially by stimulating the digestive organs. Applications of heat give good results. This can be done by the use of poultices or the hot-water bag. The sulphites and hyposulphites, the bicarbonate of soda, soda, charcoal, bismuth, carbonic acid, creosote, etc., are usually employed with success, but the salts of soda, bismuth, and charcoal do not in any sense absorb the gases. Antispasmodics and aromatics are not to be neglected, while the rectal tube through which the gas may escape, electricity, and capillary puncture have their uses in certain cases. In the author's opinion there is no lasting success without the most rigorous dietetic measures.

CLASS-ROOM NOTES.

[Specially reported for the *College and Clinical Record.*]

—In *Urticaria from Poison Ivy*, Prof. Hare said that the application to the affected part of cloths thoroughly wet with tincture of lobelia will give great relief.

—Prof. Hare gave the class the following prescription for *Acute Diarrhœa* :—

R. Acid, sulphuric, dilut.,	f ̄ j
Ext. hæmatoxyli fluid.,	f ̄ j
Tinct. opii camphoratæ,	f ̄ ss
Syrup. zingiberis, ad.	f ̄ iij. M.

Sig.—Dessertspoonful every hour.

—For a case of *Slight Shock following Abdominal Operations*, Dr. E. P. Davis, Demonstrator of Obstetrics, Jefferson Medical College, recommended the following as a stimulant :

R. Elixir. ammonii valerianat.,	f ̄ j
Spirit, frumenti,	f ̄ j
Aquæ bullient.,	f ̄ iij. M.

Give by rectal injection every two hours.

—For the treatment of *Opium Poisoning* Prof. Hare said that the best remedies are caffeine (in the form of hot, strong black coffee) and strychnine, and externally the application of the dry electric brush. After the effects of the drug have been overcome, the importance of the application of external heat should not be forgotten.

—Prof. Hare said that for *Serous Diarrhœa* the following pill is a very good astringent remedy :—

R. Pulv. opii,	gr. j	
Plumbi acetat.,	gr. ij	
Camphoræ,	gr. j.	M.

—Dr. Edward P. Davis (Demonstrator of Obstetrics) said that where there are *Uterine Fibroid Tumors*, a very careful diagnosis should be made; and if the patient is in good health and the tumor causes no interference with any of the normal functions of the body, do not operate. If it is decided that an operation is necessary, then remove the entire uterus with the tubes and ovaries as well. It is much better that it should be left alone than to have efforts made to remove it by medical treatment, or to make applications of electricity in the hope of getting rid of the tumors, as these means are worse than useless.

—For *Vomiting after Etherization* Prof. Hare recommended the following :—

R. Tinc. opii deodoratæ,	gtt. xxx
Sodii bromid.,	gr. xxx
Aquæ amyli,	f ̄ j iij or iij. M.

As an enema,

—For *Acute Coryza*, where the mucous membrane is swollen and the nostrils are stopped up, Prof. Hare recommended the application of a solution of menthol (gr. ss. to f ̄ j). It gives immediate relief, and its effect lasts much longer than that of cocaine.

—Dr. Louis Jurist (Chief Assistant in the Laryngological Department at Jefferson Medical College), in lecturing on *Diseases of the Upper Air Passages*, said that all those suffering from dyspepsia will have more or less disease of the upper air passages, and in order to effect a cure of the nasal or throat trouble the digestive tract must be treated, and very frequently the patient will be cured without any special treatment for the throat or nose. The doctor who depends entirely on local treatment of nasal affections will surely fail to cure the trouble. He called attention to the fact that women suffering with chronic uterine troubles very frequently will have some nasal affection. The first element in the treatment of nasal catarrh is cleanliness, and this is most important. This is best maintained by the use of an alkaline wash or spray. For the removal of odor any one of the following may be used: solutions of permanganate of potassium, boric acid, salicylic acid, creolin, or peroxide of hydrogen.

PNEUMONIA TREATED BY ICE-COLD APPLICATIONS.

By W. FRED. JACKSON, BROCKVILLE, ONTARIO.

The poet who sings of the beauties of spring seeks his inspiration while the earth is still in the lap of winter. So, the practitioner of the healing art, in order to be prepared for the prevailing ailments of the colder seasons, must do a little thinking about it during the warmer months, and perhaps draw somewhat upon the last winter's experience of himself and others.

The fact that so many and various treatments are advised for pneumonia shows either that a really feasible and successful treatment is not generally recognized, or that, as Dr. Osler tells us, the disease is practically uninfluenced for good by any treatment whatever beyond general principles.

Upon the clear recognition of the morbid processes at work in the system, causing pneumonia and its series of phenomena, must rest the formulation of a rational and successful line of treatment for this disease.

The war which has raged about the treatment of this prevalent and often very fatal com-

plaint has seen the banners of venesection, antimony, squills, opium, ammonia, alcohol, heat and cold, expectancy and heroism, with many others of lesser following, scour the field in serried array, with many ups and downs, in the fight for favor at the hands of the profession. And, latterly, the coal tar derivatives, with their specious promises of cooling the fevered brow, have won for the time a position, in which strategy has had more effect than solid fighting capacity.

That pneumonia is a *specific fever*, in which the lesion of the pulmonary tissue is but an incident, is not, I believe, sufficiently recognized. Upon this one fact rests, I am firmly convinced, the rational and successful treatment of this, which is pre-eminently *the* disease of our colder months.

In all cases the general febrile condition is initiated and in full progress in advance of the lung lesion. The prompt recognition of the morbid process at work renders possible the aborting of the pulmonary sequence. I have seen and recognized the pneumonic fever in progress a full week before the characteristic signs appeared in the lung, and I have no doubt most readers have had a similar experience. The pulmonic fever itself would rarely promote a fatal result; and I feel safe in saying that, just so far as the invasion of the lung-substance (and the consequent interference with the action of a vital organ) is prevented, by so much will a fatal event in this disease be averted.

Another fact is to be borne in mind in the treatment of this and other febrile diseases,—viz., that in fever there is lessened elimination of heat, as well as increased production of it. And also that, in increased temperature of the human body, the morbid germs become more active in their growth and multiplication the higher the point indicated by the mercury. I think the inference is obvious.

Influenced by the foregoing considerations, I decided last winter to adopt the use of cold applications in the treatment of pneumonia. This decision was strengthened by confirmatory evidence, which I observed in the current medical literature.

During the past winter I treated about twenty-five cases of pneumonia upon practically this one line of procedure. The results were excellent in every way. The recoveries were prompt and rapid in all the cases but two. Of these, one was very prolonged, being secondary to la grippe, and complicated with fibrinous pleurisy; and the other died. The latter was a hospital case,—a poor, miserable woman, who had led a wretched life. There was albuminuria, due—as post-mortem examination revealed—to cystic degeneration of the kidneys and also concurrent peritonitis. So I do not think that any treatment whatever would have altered the result. I do not propose to go into

statistics, for my cases are too few. But the beneficial effects of the treatment were so prompt and so apparent, *in the face of the greatest prejudice and opposition*, that they carried conviction to the most unbelieving. I have seen the application of ice-cold compresses terminate a case of double pneumonia of the base by crisis in sixty hours. This case was characterized by severe dyspnoea, pain, and a temperature of over 105° F., with total absence of breath sounds at the bases when first seen.

Another patient, a woman of 74 years, with consolidation of right base, recovered in four days.

A baby, 2 years of age, with catarrhal pneumonia, most marked on the left side, was quite convalescent on the third day.

A laborer, 34 years of age, with consolidation of right base, delirious, and much oppressed for breath, required but two days' attendance.

A bride, 22 years of age, who had been undergoing the usual round of festivities, awoke, after a particularly fatiguing party, in a feverish and lethargic state. Called immediately, I stated the probability of pneumonia ensuing. After twenty-four hours there was the characteristic fine crepitation and starchy feeling to the breathing; temperature, 105½° F.; pulse, 130. Ice-cold compresses aborted the lung lesion entirely, and produced a critical perspiration in thirty hours, at which time the normal was reached and persisted.

There is no need to enlarge these details. The cases are all down in my case-book, and they all bear the record that from the time the cold was applied rapid improvement ensued.

The method was as follows: A large towel was wrung out of ice-water, and the thorax enveloped in it. A comparatively dry towel was laid over it, and a binder of flannel or cotton held all snug. The ice-water towel was changed as often as necessary, in order to ease the pain and reduce the temperature. When the pain or dyspnoea was severe, or the temperature high, the intervals would be short, say, five or ten minutes. As the symptoms improved, the changes were made only as the towels assumed the heat of the body. The face and limbs were frequently sponged with the ice-water, and when required a cold compress was put upon the brow.

The medication was confined to promoting a critical perspiration. This was effected by large doses of liquor ammonii acetatis and spiritus etheris nitrosi, well diluted, every hour. In one or two cases this had to be supplemented with pilocarpine muriate. No alcohol was required, except in the fatal case referred to. Antipyretics of the coal-tar series were not used, except in the one case just mentioned. The diet was principally of milk, and liberal in quantity. Incidental symptoms were met as they

arose. In none of the cases was there any expectation to mention. In some none at all; in others but a little. Free perspiration was usually succeeded by copious diuresis. As a precautionary measure, a wet compress was worn for twenty-four hours after the crisis, and changed when it became dry.

In order to obtain the effects to be desired in this treatment, the cold must be freely applied and with a firm hand, until the effect of a reduction of temperature and arrest of symptoms occurs.

The treatment is grateful to the patient. It can be managed without incommoding the sufferer, by the exercise of a little ingenuity. It is prompt in its effects for good, and it is easily applied.

In exceedingly plethoric cases I could conceive of the value of the venesection at the outset, and, in fact, have so used it with excellent effect, but not in the series under consideration.

As the experience of twenty years' continued observation, I would most earnestly deprecate the use of opium, antimony, or blisters in the treatment of pneumonia; and my experience of the more modern antipyretics is hardly more favorable.

Under the usual routine treatment of poultices, expectorants, and whiskey, I can quite understand Dr. Osler's view as to the non-efficiency of treatment. But with the experience of the free use of cold, in the manner herein outlined, and in view of the etiological considerations advanced, I feel that a new and happier era is dawning in the treatment of pneumonia.

CURRENT MEDICAL NOTES.

Yawning as a Therapeutic Measure, Dr. O. Naegeli.—In certain affections of the throat, such as acute pharyngitis and catarrh of the Eustachian tube with pain in the ear and deafness, excellent results may be obtained by making the patients take many times a day a series of successive yawns. There is an almost instant improvement in the symptoms, especially of the pain. The movement of the muscles in the act of gaping acts as a sort of massage.

Hydrastis Canadensis in the Treatment of the Vomiting of Pregnancy.—In four successive cases of persistent vomiting, a Russian gynaecologist, Dr. P. Fedorow, has obtained rapid and complete success by the administration of the fluid extract of *hydrastis canadensis* in doses of 20 drops repeated four times a day. The drug acts, according to the author, by lowering the blood pressure, by relieving the uterine congestion and by calming hyperexcitability of the vaso motor centres of the gastro-intestinal tube,

"Lemonade" in the Chronic Diarrhœa of Adults, Dr. Hayem.—One part of lactic acid is made into a beverage with twenty parts of simple syrup and eighty parts of distilled water, to be taken between meals in doses of a half tumblerful. The lactic acid acts as a tonic and germicide.

Subcutaneous Injections of Digitalis.—According to a Russian doctor, Zienetz, good results may be obtained in cardiac affections with troubles of compensation, by small doses of digitalis given hypodermatically, where the drug given by the mouth has an insufficient action. He makes an infusion of one part of the leaves to thirty parts of boiling water, of which he gives the contents of a Pravaz syringe two or three times a day.

Injections of Testicular Juice in Tubes.—M. Depoux lately presented at the *Société de Biologie* a patient of whom he had spoken in May, 1891, as having been cured of grave locomotor ataxia by subcutaneous injections of testicular fluid. Not only has the cure been maintained, but the development of the muscular energy, the precision and force of the movements are remarkable; it is the same for resistance to fatigue. He presented in addition another ex-ataxic, an adjutant in a cavalry regiment, in whom the disease appeared in 1890; he was cured completely in five months by subcutaneous injections of the juice. He has actually returned to the normal condition, except the rotulian reflex which was always deficient. To-day this man can mount his horse perfectly and perform all the services required by his position.

Pills for the Pains of Post-partum Uterine Colic, Rutherford.—

Quinine sulph., gr. xv.
Powd. opium, gr. viij.
Extract of trifolium, q. s.

For 15 pills. One pill every 2 or 3 hours until the cessation of the pains.

Treatment of Professional Spasms.—Dr. Benedict, of Vienna, has discovered that certain functional spasms accompanied by clearly localized pains yield to hypodermic injections of a solution of phenic acid made at the painful points. In this manner he cured a piano player, and a young man who had suffered from writer's cramp for five years.

Treatment of Zona.—Brocq employs the following:

Boric acid, gr. xv.
Oxide zinc,
Powd. starch, ʒ gr. xxx.
Albolene, 3 iss.
Lanolin, 3. iij.

By means of a needle previously passed through the flame, open carefully all the vesicles

of the zona; then wash the parts with boric water containing a little alcohol; cover with the above paste; powder with starch, and spread over the whole a thick wad of tow. If the pain is too great add muriate of morphine or cocaine to the above formula.

Treatment of Apparent Death in Drowning.

—M. Laborde recently stated before the Académie de Médecine, that two persons apparently dead from drowning were resuscitated by drawing the tongue strongly out of the mouth and repeating the action many times; there is immediately produced a sort of spasmodic inspiration, and a flood of liquid is thrown out by vomiting repeated and abundant. In one of the cases the ordinary methods of artificial respiration had been used in vain for about an hour. The efficacy of the excitation of the base of the tongue, and especially of its traction, is due to the awakening of the respiratory reflex. The traction should be rhythmic, and imitate after a fashion the function which it seeks to set in motion. It being objected that this method necessitated the persistence of reflexes, M. Laborde stated that the persistence of the reflexes was a *sine quâ non* for the return to life, as well with his proceeding as for that of Marshall-Hall and of Sylvester.

Cerebral Tumor Twice Extirpated with Success.

Prof. Erb, *Wiener Med. Presse*.—A man of 47 years affected with clonic spasms of the arm, leg and face on the left side. Later, there was hemiparesis of all the left side. A diagnosis of a tumor of the right central convolutions was made, the patient trepanned, and a gliosarcoma of the convolution was found anterior right central; this was extirpated as extensively as possible. After the operation the paralysis became sensibly less; the convulsions disappeared completely to reappear eight months later, with less intensity. A year after the first operation the trepan was again employed; the tumor, which had again grown, was again extirpated as deeply as possible. The convulsions and paralysis amended, but have not disappeared completely.

Creasote in the Scrofula of Children.

—Dr. J. Sommerbrot, of Breslau, has obtained excellent results in the treatment of scrofula by means of creasote in *high doses*, either in the pure state (in drops which are taken in milk or wine) or mixed with cod liver oil (in capsules). In children less than seven years old the treatment is begun with three drops of creasote a day, gradually increased to eight and even twelve drops. In children over seven years old it is easy to attain in the course of seven or eight days a daily dose of 15 grains. It is seldom necessary to exceed the latter dose, but it can be done without inconvenience if required.

Treatment of Tuberculosis.—Dr. A. Marche writes to the *Jour. de Méd.*, that, for over a year, he has treated his cases of pulmonary tuberculosis by means of continuous inhalations. He employs a mixture of 20 parts of eucalyptol, 8 parts of creasote (wood), and 72 parts of alcohol of 900. Two teaspoonfuls of this are put into a quart of water contained in a saucepan. This is kept boiling slowly, by means of a kerosene stove, night and day. When the water has nearly evaporated the pan is refilled and more of the mixture added. Improvement was very rapid even in bad cases. Appetite always returned, sometimes within 48 hours; weight increased, night-sweats disappeared, etc. No intolerance was ever noted.

Therapeutic Suggestion in Diagnosis and Prognosis.

—M. Bernheim (of Nancy), *Annual Reunion of the Society of Hypnology*.—The first case has reference to a girl of 14 years, manifestly tuberculous, and with a complete aphonia of three months duration. Was this aphonia due to tuberculous laryngitis, or was it purely nervous? To find out, the author put the patient to sleep, and suggested that she recover her speech on awakening. This resulted in nothing, but after a second sitting the aphonia disappeared completely. The second case was that of an adult nervous very impressionable man, who, following a traumatism of the back of the neck, was affected with a contraction of the muscles of that region to such an extent as to lead several physicians to believe that there was a lesion of the vertebral column. Not being able to find anything the matter with the articulations, M. Bernheim used hypnotic suggestion, and succeeded in obtaining a cure after a second sitting. The diagnostic value of this means is thus demonstrated in these two cases. The failure at the first séance may have been due to fear, which is the enemy of suggestion, constituting, in fact, what we may call a contra-suggestion. M. Gorodichze objected to Bernheim's views, and gave the case of a hysterical young woman who was affected with incoercible vomiting and aphonia. Suggestion was tried, and in a few days the vomiting completely ceased. The same means was then used on the aphonia, but failed completely although pushed with vigor for a month. Treatment was now abandoned, but fortunately, one day, the vomiting having returned, recourse was had to suggestion, which this time not only caused the disappearance of the vomiting but of the aphonia also. Suggestion may, then, fail in purely nervous affections. M. Bernheim explained that, while the cure of a disease by hypnotism proved its nervous origin, the contrary is not true, and a purely nervous malady may not be amenable to hypnotic suggestion.

Ointment for Hemorrhoids.—Kosobudski uses the following:

Chrysarobin, gr. xij.
 Iodoform, gr. ivss.
 Extract belladonna, gr. ix.
 Vaseline (albolene), 3 ss.

Bromide of Strontium in Epilepsy.—M. Deny stated at the third Congress of Mental Medicine, Aug. 5, that he had treated seven epileptic patients from Dec. 1, 1891, to July 1, 1892, with the bromide of strontium. During this period these seven patients had 246 attacks; during the corresponding period of the year 1890-91, when they were taking the bromide of potassium, they had 331, a difference of 85 paroxysms less for the bromide of strontium. The doses were the same for both periods. Bromism was never noted. [In ordering strontium salts from the druggist, care must be taken to see that the commercial article, which contains barium, is not furnished; McKesson & Robbins, New York, prepare a chemically pure solution of both the bromide and lactate of strontium].

Preservation of Catheters, Etc.—Dr. Lanelongue makes use of metallic mercury for preserving in an aseptic condition catheters and other instruments of hard and soft rubber. These articles are placed in suitable glass vessels, sterilized, and provided with tightly fitting stoppers; at the bottom of these vessels, rolls of flannel impregnated with quicksilver are placed. The vaporization of the mercury preserves the instruments in a perfectly aseptic condition. This has been demonstrated by bacteriological examinations. As a lubricant M. Lanelongue uses sterilized olive oil kept in tightly closed bottles, at the bottom of which is placed a quantity of metallic mercury. The depth of the oil should not be over two and a half inches. Since employing this method the author has never noted any infection after the use of the instruments so protected, nor the least irritation following catheterization.

PHANTOM TUMORS OF THE ABDOMEN.

BY DR. THIRIAR, BRUSSELS.

In a very interesting article the author discusses the error, frequently committed even by surgeons of great merit, which consists in finding in the abdomen a tumor which does not exist. Cases, in fact, in which the abdomen has absolutely the form which it presents when occupied by a cyst or a fœtus of six to nine months.

We get the sensation of a round not dented convex tumor preventing the depression of the abdominal wall; the patient presents besides some nervous symptoms. Now, when chloroform is given to complete insensibility all this disappears, the cyst has ceased to exist. But

on awakening all is reproduced, and the condition becomes exactly what it was before.

Sometimes even without the use of chloroform phantom tumors may be made to disappear. Dr. Thiriari reports that, getting ready to test the sensibility in a woman having all the appearances of an ovarian cyst by means of a bistoury, the patient, believing he was about to operate without other preparation, bounded up from the bed terrified, and when again examined the tumor had completely disappeared, and has not been reproduced since.

It is difficult to explain the production of these false tumors; there are two causes present: an accentuated tympanism sufficient to give a certain volume to the abdomen on one hand, a localized contraction of the abdominal muscles on the other hand. It is when these two phenomena are associated together that the resemblance to an ovarian cyst becomes completed. But that contracture may sometimes be voluntary, sometimes involuntary, and in the last case it is frequently of a reflex and secondary nature.

The author believes that a fear of an abdominal tumor or of a pregnancy may cause little by little the contraction of certain groups of abdominal muscles, until the enlargement of the woman's stomach confirms in appearance her apprehensions. It is a sort of auto suggestion. But these phenomena may be also of a reflex or secondary order; and search should be made for the original cause, in a state of irritation of the sexual organs, in various pathological conditions of the uterus or of the annexes, in an alteration of the peritoneum or in an affection of the intestinal tube, resulting in tympanism and irritation of the intestine.

In some cases it is exceedingly difficult to diagnose between generalized ascites and ovarian cyst. Dr. Thiriari had two cases in which the diagnosis could not be made except under chloroform, cases the more interesting in that laparotomy was performed, and the peritoneum, filled with tuberculous nodosities, washed out with carbolic acid. After this operation the two patients were completely cured.

The conclusion from these facts is that, even when we have established all the signs of an ovarian cyst in a woman, there is always place for the question as to the real existence of an abdominal tumor. If there be the least doubt, chloroform should be used. But it may be said also that, in certain cases, very exceptional it is true, in very nervous patients, subject to very strong contractures which exaggerate the symptoms of the tumor, the chloroform may cause the disappearance of all signs of a really existing tumor. The author has seen a case of this kind, in which, after chloroformization, nothing was found except a slight puffiness, without any positive signs of a cyst. An operation two months later resulted in a quite large tumor.

In conclusion, it should not be forgotten that, in many cases, the distension of the bladder has simulated an ovarian cyst, and that the previous use of the catheter is necessary to a diagnosis.—*Jour. de Méd.*

CHOLERA AND IMPORTED RAGS.

NEW YORK, October 25, 1892.

To the Editor of the

New York Medical Journal:

SIR: I send you herewith copies of my correspondence with Dr. Hamilton. You will oblige me very much by publishing as much of it as you think proper.

AUGUSTINE SMITH.

"110 NASSAU STREET, NEW YORK,
September 22, 1892.

"ALLAN McLANE HAMILTON, M.D.,

"Secretary of the Medical Advisory Committee of the Chamber of Commerce."

"DEAR SIR: In the report prepared by your committee, and submitted to the Chamber of Commerce, regarding the quarantine of passengers and the disinfection of merchandise arriving at this port, I find the following statement of opinion:

"A thorough, prolonged, intelligent exposure of rags to live steam, or prolonged boiling, are the only methods known to us by which they may be rendered absolutely safe."

"As a member of the American Paper Manufacturers' Association, and as chairman of a committee appointed at the fifteenth annual meeting of the association, held at Saratoga on the 27th of July last, to submit to the Treasury Department the views of the association regarding the possibility of infectious diseases being brought to this country in imported rags, I am immediately interested in the question concerning which your committee has expressed its opinion. I am also a member of the Chamber of Commerce, in which the matters treated of in your report have recently been discussed.

"The American Paper Manufacturers' Association represents 1,200 paper mills, employing over 100,000 operatives, and having an invested capital of \$50,000,000. The raw material of this industry to a considerable extent consists of rags gathered in foreign countries and imported in bales. The statement I have quoted from your report leaves it to be inferred that your committee regards imported rags as a class of merchandise from which infection is to be feared. In order that the association of which I am a member and the committee of which I am chairman may be enabled to take the proper steps to protect the employees in the paper-making industry from this danger, if such danger exists, I would thank you to communicate to me any evidence your committee may have that the

infection of Asiatic cholera has ever been brought into this country in imported rags, or that any case of the disease has ever been traced to that source.

"I remain respectfully yours,

"AUGUSTINE SMITH."

"110 NASSAU STREET, NEW YORK,
September 27, 1892.

"ALLAN McLANE HAMILTON, M.D.,

"Secretary of the Medical Advisory Committee of the Chamber of Commerce."

"DEAR SIR: I inclose a letter I have received from Mr. William T. Barker, of Boston, secretary of the Committee of the American Paper Manufacturers' Association, of which I am chairman.

"Mr. Barker desires me to forward to him a copy of your reply to my letter of September 22nd, requesting you 'to communicate to me any evidence your committee may have that the infection of Asiatic cholera has ever been brought into this country in imported rags, or that any case of the disease has ever been traced to that source.'

"I have as yet received no reply to my letter of September 22nd, and beg to remind you that the committee of our association is anxious to receive the information asked for at as early a moment as you can find it convenient to reply to my communication. The American Paper Manufacturers' Association is naturally desirous of full information on this point in order that it may take measures to guard against the danger, if it is shown that any such danger exists. On the other hand, if there is no evidence that imported rags are a source of cholera infection, a statement of that fact will relieve the anxiety of the association and of the public, which has been aroused to some degree by assertions implying that bales of rags were a medium through which Asiatic cholera might enter the country.

"I remain respectfully yours,

"AUGUSTINE SMITH."

"THE AMERICAN PAPER MANUFACTURERS'
ASSOCIATION,

"BOSTON, September 24, 1892."

"AUGUSTINE SMITH, ESQ.

"DEAR SIR: Yours of the 23rd at hand, with copy of your letter to Dr. Hamilton. I shall be pleased to receive a copy of his reply; and should you deem a meeting of our committee desirable, I trust you will let me know.

"WILLIAM T. BARKER, Secretary."

"20 EAST TWENTY-NINTH STREET,

"NEW YORK, September 29, 1892.

"AUGUSTINE SMITH, ESQ., 110 Nassau Street.

"DEAR SIR: I am in receipt of your communication and, in reply, would refer you to report

of the Advisory Committee of the Chamber of Commerce regarding the general subject of disinfection. As to more specific information, it seems to me that this may be best obtained by reference to the literature upon the subject to be found in the medical libraries of this city and elsewhere.

Very truly yours,

"ALLAN McLANE HAMILTON, *Secretary*."

"110 NASSAU STREET, NEW YORK,

September 30, 1892.

"ALLAN McLANE HAMILTON, M.D.,

"Secretary of the Medical Advisory Committee of the Chamber of Commerce."

"DEAR SIR: I have to-day received your note of September 29th, in reply to my letters of September 22nd and 27th, asking you to communicate to me the evidence on which your committee based its statement in respect to imported rags. You refer me to the report containing that statement and to 'the literature upon the subject to be found in the medical libraries of this city and elsewhere.' I am greatly disappointed that you have not replied in a more specific manner to my request. I hardly need to remind you that the statements in your report command the respect and credence naturally due the eminent gentlemen of your profession whose names were affixed to it. A statement that cholera can be conveyed in rags has caused great loss, confusion, and embarrassment in the paper-making trade, of which imported rags are an important raw material. The implication that rags are a source of dangerous infection has made their importation difficult and expensive, and has caused great trouble in their transportation to our mills.

"The resulting loss has been very great. That loss would be cheerfully borne were the manufacturers of paper able to convince themselves that it was a sacrifice in the interest of the public health and safety. But not only do they fail to obtain from you, as secretary of the advisory committee, any evidence of danger, but they have important negative evidence to the contrary. In the twenty-ninth annual report of the Chamber of Commerce, pages 32 and 38, you will find a report made by a Committee consisting of Daniel Drake Smith and Constant A. Andrews, appointed to investigate the rules and regulations relative to the disinfection of rags. In that report, made in 1886, the committee state: 'Since 1832 we have had several visitations of cholera, and never had any regulations, so far as known to your committee, for the disinfection of rags. There is no record of any case of cholera during this period traceable to imported rags or any other merchandise.' Dr. Koch is quoted by the committee as saying that at the cholera congresses of Constantinople and Vienna, nobody was able to furnish a single instance of the spread of cholera by this mea-

neither was any evidence furnished at the congresses of Berlin and Rome. It is further stated by the committee that in the British Parliament Sir Charles Dilke and Mr. G. Russell, secretary to the Local Government Board, declared that there was no instance on record of rags having conveyed cholera. I may add that the editor of the *Paper Trade Journal* addressed letters of inquiry to every paper mill in the country, and was informed that no case of cholera ever occurred in any of them.

"It is a source of great regret and surprise in the paper-making trade that your committee should have made a statement so positive and so damaging to our interest without having in your possession, as we must infer from your letter of yesterday that you did not have, any evidence that imported rags have ever brought, or are more than any other merchandise likely to bring, into this country the infection of Asiatic cholera.

"I remain very respectfully yours,

"AUGUSTINE SMITH."

BROMAMIDE.

CAILLE reports (*New York Med. J.*, February 20th, 1892), a short experience with bromamide, a compound of the aniline group obtained by Fishedick and Koechling, and containing 75 per cent. of bromine ($C_6H_5Br_3N$ H.HBr). It is an odorless, tasteless body, occurring in colorless, needle-shaped crystals, insoluble in water, but soluble in sixteen parts of boiling alcohol, in chloroform, ether, and the fixed oils. It melts at 243° F. and volatilizes at 310° F., without change; it is a very stable compound unaffected by any of the ordinary reagents. Dogs took 30 grains without noticeable effects or any alteration in the blood. In adults 10 to 15 grains produced slowing of the pulse without sweating; children took 1 to 3 grains without untoward symptoms. As to its therapeutic action it was found to reduce temperature in fever from 1° to 2.5° F., without excessive sweating; it appeared to have no diuretic action and no injurious effect on the digestive tract. Lancinating abdominal pains were experienced in several of the cases, but Caillé did not think that they could be attributed to the drug. It appears to have a beneficial effect "in a number of cases of neuralgia from various causes," but particulars are not given. It may be given in capsule, wafer, dry upon the tongue, or suspended in a fluid. The dose for adults, as an antipyretic and antineuralgic, is 10 to 15 grains several times a day; for children, 1 to 5 grains.—*British Medical Journal*.

Dr. L. Jumon (*Merck's Bulletin*, Aug. 15, 1892), in a clinical paper on PHARYNGEAL HEMORRHAGE, refers to the fact that it is some-

times mistaken for hæmoptysis or hæmatemesis, and states that the treatment consists, first, in placing the patient in the recumbent position, with his head raised; ice applications are then made; if possible, the bleeding points are touched, either with a tampon impregnated with solution of iron perchloride or with the galvano-cautery. If the hemorrhage takes place into the upper part of the pharynx, tamponing with iodoform cotton is resorted to—the tampon being left *in situ* for twenty-four hours, and then withdrawn by means of the strong thread which is attached to it. In the majority of cases it will suffice to apply a cotton tampon saturated with ferric chloride solution for a few minutes. In obstinate cases we will sometimes be compelled to resort to energetic means—for example, compression of the carotids. The general treatment does not differ from that applied in all hemorrhages.

A writer in the *Jour. de Med. de Paris* (*Dietetic Gaz.*, Aug., 1892) states that warm baths, as is well known, produce a calming effect and tend to bring on sleep, and Al'dorfer has attempted to apply such a method in patients where a sedative effect is desired and yet where a bath is inapplicable. His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with oiled silk or rubber cloth, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of INSOMNIA. By dilating the large vessels of the intestinal tract, by the warmth applied, a condition of anæmia of the brain is produced favoring sleep. These large intestinal vessels have very properly been termed the waste-gates of the circulatory system.

THE KEELEY GOLD CURE.

The London correspondent of the *Physician and Surgeon* says: This is essentially the epoch of credulity in patent medicines, and accordingly the Keeley gold cure for inebriates has been causing some little sensation, but the medical profession have shown that they have no confidence in the treatment whatever. Analysis of the so-called remedy reveals something different to what the proprietors claim, and when quacks assert one thing, and science sets a different version on it, the article has little chance of any permanent success. There are of course people who have faith in almost anything, and it is to these that Keeley people will require to look for support.

AMERICAN GYNÆCOLOGICAL SOCIETY.

The officers elected for the ensuing year :
President—Theophilus Parvin, of Philadelphia.

Vice-Presidents—Wm. H. Parish, of Philadelphia, and Wm. H. Baker, of Boston.

Secretary—H. C. Coe, of New York.

Treasurer—M. D. Mann, of Buffalo.

Council—B. B. Brown, A. P. Dudley, E. C. Dudley, Willis Ford.

Honorary Members—Robert A. Battey, of Rome, Ga.; and Prof. Morisani, of Naples.

The next meeting will be held in Philadelphia on the third Tuesday in May, 1893.

GOOD NEWS.

Metcalf's provings show that the ulceration of cornea, which has been credited as a result of apis in many of our works on symptomatology, was caused by a wasp sting.

AMERICAN QUACKS ABROAD.

Dublin has not been left long to mourn the sudden departure of Professor Moross; instead of being compensated on the double, three eminent American doctors have taken a large house in one of the most fashionable squares of the Irish metropolis, and issue the following advertisement in the local papers:

THE DOCTORS IN DUBLIN.

"Services first three months free. The staff of eminent American physicians, permanently located at 48 Rutland Square West, give services free for three months to all who visit them before November 1st; but medicines, of course, charged.

"The eminent doctors treat all forms of chronic disease, especially male and female weaknesses, catarrh, catarrhal deafness, etc., but accept no incurable cases. The doctors will examine your case thoroughly free of charge, and, if incurable, will frankly, kindly say so.

"Catarrh and catarrhal deafness are positively cured by their American treatment.

"Hours, 10 to 4; evenings, 6 to 8; Sundays, 10 to 12."

EIGHTY-TWO CENTS A DAY.

A private telegram recently published in the *Berliner Tagblatt* stated that several physicians (who, in response to the appeal made by the Hamburg authorities for extra medical assistance, undertook service in that city without having stipulated definite terms) were offered 3s. 6d. as their daily remuneration, whereas laborers engaged for the transport of the sick

are being paid at the rate of 15s. per day. On refusing such a preposterous offer, the doctors in question, the writer says, were abruptly dismissed without a word of thanks.

FOR EARACHE.

Apply 6 per cent. solution of cocaine or 20 per cent. solution of carbolic acid in glycerin.

In St. Petersburg, cholera stools are emptied into huge cauldrons, and boiled. Examination made after boiling shows that the stools are thereby completely sterilized.

Arrangements have now been completed whereby certain of the wards of the Edinburgh Royal Infirmary will be open to lady medicals as soon as the winter session commences. Two wards will be reserved for their exclusive use: in the one, surgical cases will be treated and clinics given by Dr. J. M. Cotterill; in the other, formerly a nurses' dormitory, Dr. Byrom Bramwell will give the ladies instruction in medicine.

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.

We are glad to learn that a most encouraging beginning has been made in the formation of this Association, which promises to promote, through the medical service, the general efficiency of the Canadian Militia. It was started by a circular letter, issued from Toronto in April last, which found a ready response in all parts of the Dominion, including Nova Scotia and British Columbia, so that a most successful first annual meeting was held in the Canadian Military Institute, Toronto, in June. After the adoption of a constitution and by-laws, several important military medical papers were read and discussed at the meeting.

It will interest many in this country to learn that the constitution of the Association is wide and varied, and aims, very properly we think, at an Imperial connection; it will undoubtedly find hearty sympathy and support in its laudable aspirations from the medical services in all parts of the empire.

The office-bearers are an honorary president, a president, vice-presidents for each province, with executive committees, treasurer, and secretaries. With head-quarters at Toronto branches may be established in each military district of the Dominion. The ordinary membership consists of active members holding commissions in the active militia of Canada, associates, medical officers of the navy, army, or auxiliary forces in any part of Her Majesty's dominions; honorary—gentlemen distinguished in civil or military hospital practice, or who

may signally assist the objects of the Association; and lastly, members by invitation, consisting of officers of Her Majesty's forces throughout the empire or officers of foreign powers.

The objects are no less comprehensive than the constitution of the Association; first, naturally, for the development of a departmental *esprit de corps*, and the discussion of medical matters concerning the militia; secondly, for the discussion of military matters generally from a medical point of view; lastly, for the reading of papers on military medicine and surgery, hygiene, organization and equipment.

The Association has not come into existence without very good reasons, nor before it was wanted, for the Canadian militia medical service is still in a crude regimental form without departmental unity, cohesion or weight, and altogether said to be in a highly unsatisfactory state.

We gather that the medical officers suffer from ill-regulated conditions of service and want of due army status, while the field ambulance and hospital services are defective in organization and equipment. We will watch with interest the efforts of the Association to effect reforms in these directions, but fear it will meet with the same kind of passive resistance and active opposition as we have faced under similar circumstances at home, for we learn it is pretty certain to encounter the shallow self-sufficient *Imeger spirit* which affects to be above medical advice, or, as they say in America, thinks it "knows it all."

If we can render any service or support in furthering its laudable endeavors we shall be most pleased to do so.—*British Medical Journal*.

RAILWAY SURGERY AT THE PAN-AMERICAN MEDICAL CONGRESS.

A section of Railway Surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock of Richmond, Virginia, as Executive President. A full list of officers has been provided for each of the constituent countries. At the Eleventh Annual Meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen of Fort Wayne was by unanimous resolution requested to prepare a paper on "Organized Railway Surgery," and read the same before the Section on Railway Surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal. C. Wyman of Detroit offered the following, which was unanimously adopted:—

Resolved, that each member of this Association solicit his Congress-man to interest himself in legislation in favor of the Pan-American Medical Congress.

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London.**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, DECEMBER, 1892.**THE LATE DR. GEORGE ROSS.**

Not alone the City of Montreal, but the Dominion of Canada, has, by the death of Dr. George Ross, lost one of its most eminent medical men. Born in Montreal in 1845, he received his early education in its High School, carrying off the Davidson Gold Medal. He then entered the McGill Faculty of Arts, where he again distinguished himself, by securing the Chapman Gold Medal and graduated Bachelor of Arts. Thirty years ago he became a student of Medicine at McGill University, graduating M.D. in 1866, being awarded the Holmes Gold Medal for general proficiency in Medicine. For a short time, he served as medical officer on the Allan Mail Line of Steamships, between Liverpool and Montreal, and then entered the Montreal General Hospital as Assistant House Surgeon, which office at that time was singularly and inappropriately termed "Apothecary." He subsequently was appointed House Surgeon, and during his term of office faithfully and efficiently performed his duties. In 1872, he commenced practice in Montreal, and had deservedly attained, at the time of his death, a position second to none. For many years he had been a Physician to the Montreal General Hospital, and, as a clinical instructor in Medicine, he was more than an acceptable teacher. His medical friends fully recognized his worth, and every office in their gift he filled in succession. As President of the Canada Medical Association, it was

he who suggested and carried to a most successful conclusion the never-to-be-forgotten meeting at Banff, in our North West Territory. None who travelled with him to that great meeting but thought that many more years of usefulness were in store for him. In medical literature he did a fair share, contributing several important communications, but a great deal in a quiet and possibly unrecognized way, as Chief Editor of the journal which is now known as the Montreal Medical Journal. On the death, in 1889, of the late Dr. R. Palmer Howard, Dean of McGill Medical Faculty, Dr. Robert Craik became Dean, and a new office, Vice Dean, was created, and to it Dr. Ross was appointed. Soon after, evidence of failure of health was observed, and he was only able to give for a short time to that office his wonted energy. In 1890, there was no doubt of his serious illness, but his friends hoped to prolong life by cessation of work. For a time this was done, but he subsequently partially resumed it, and when the final illness came, it found him on the way to relieve a sufferer. In every sense of the word the late Dr. Ross was a gentleman—we cannot say more. A warm friendship of twenty-five years existed between him and the writer, and although in medical politics we were generally found opposed, we most willingly add our tribute of praise to the departed: A great and good physician has gone from among us. Let us emulate all that such a life teaches us.

The students of Bishop's College have just received and paid for a beautiful flag, which they propose to carry when they march in procession or meet on festive occasions. It is made of purple and white silk, and has on its centre, in gold, the college crest, with the usual emblems of mortality.

The Committee of Management of the Montreal General Hospital are in a somewhat perplexed state of mind. They have many troubles, and they bear them, so far as one can judge, with much equanimity. The first thing which worries them is, what to do with contagious diseases. Old committees of management had no such worry. Everything was lumped together, small-pox, diphtheria (then, i. e., thirty-five years ago, a comparatively rare disease),

erysipelas, fever, etc. For some years past the building which was erected to accommodate small-pox patients has received patients suffering from all contagious and infectious diseases except small-pox, that disease, when we have it, being accommodated in the Civic Hospital. Now, however, that the two new surgical wings are about ready for occupation, it has been discovered that the contagious building is too near them. Moreover, it is required for purposes of administration, made necessary by increased accommodation and proposed alterations in the old buildings.

What to do with these contagious patients is the dilemma. The Medical Board has been appealed to. They discussed the question, and inspected two very old-fashioned stone houses, arranged in the Montreal style of fifty years ago, and now Hospital property. We believe they have recommended their being used. Unsanitary in their arrangements, low in ceiling, small in room area, we fear, although it appears to have been Hobson's choice, that patients sent to them will show an increased mortality.

Perhaps the opening of the Royal Victoria Hospital in May next may come to the rescue and help the General out of its present difficulty.

Then there is another knotty question in connection with the decision to completely gut the old hospital, and make everything new except the walls. Shall the old hospital be taken to pieces as a whole, or shall it be done in sections. If the former way is adopted, it is said it can be done many months sooner, and at a cost very much less than if the latter plan is adopted. Again the Medical Board has been consulted.

Rarely has a more difficult question been submitted to that most learned and scientific body. Why difficult? Simply because there are so many interests concerned. Verily its venerable chairman must have thought of the good old times when he was Attending Physician, Surgeon, Oculist, Aurist, Gynæcologist, Dermatologist, Laryngologist, and one voice spoke for all these. Now they are divided—each has a

voice. Each has an interest, and almost each interest is considered supreme.

The wings were built for surgical work. If the old building is all gutted at once, accommodation must temporarily be provided in them for medical cases. Terrible sacrilege! Therefore the surgeons go for doing the work gradually.

Surgeons deal with objective symptoms mainly, and they naturally *object* to medical men sharing anything in common. It is their science which has made such gigantic strides of late years, that they wonder a simple medicine man can even exist.

In fact they have hard work to do so. In old times Medicine included everything; now it is the reverse.

Then there is the teaching interest to be thought of. That is truly something to be well considered. But if now carried on entirely in the old building, why not entirely in the new. Again comes to the front the objection of doing medical and surgical work *under* the same roof.

Who has gained the day? We are informed that Surgery is in the ascendant, and that the old hospital, its interior at least, will, like a stereopticon dissolving view, disappear gradually, at a decidedly increased cost. Truly the modern division of medicine is very often a costly affair. The world has known this for some time. Hospital Committees are gradually being enlightened.

SMALL REMUNERATION!

We learn by the Charlotte, North Carolina, *Medical Journal* that Dr. Elliwood, of San Francisco, who charged a wealthy family named Hobart thirty thousand dollars for a year's attendance, has had his bill cut down by the Court to ten thousand dollars. The bill was made up of two items: eight months attendance on Mr. Hobart and four months attendance on Mrs. Hobart. Our contemporary considers the action of the judge very unjust, and mentions several cases, in one of which the Doctor was allowed at the rate of fifty thousand dollars a year, and others in which specialists have been paid from

twelve to twenty-four thousand dollars a year for such services as Dr. Elliwood rendered. Although the amounts may seem enormous, yet when we consider the great wealth of these patients, and the fact that these doctors have had to work for many years without adequate remuneration in order to qualify for the position of attendant to these wealthy patients, we cannot consider the amounts excessive. We have always maintained that professional charges should be in proportion to the patient's revenue. Thus if we take ten dollars as a fair charge for confinement of the wife of a working man earning five hundred dollars a year, we should charge not less than one hundred for the same services to the wife of a bank manager at five thousand dollars a year. But to be consistent we should exact one thousand dollars for confining the wife of a millionaire with fifty thousand a year income; and so on until we reach ten thousand dollars for the same service to the wife of the ten times a millionaire with an annual income of half a million. In other words, we shall charge a uniform two per cent. on the annual revenue if we wish to be just. We have always considered it an injustice to charge the day laborer as much per visit as his wealthy master, as to our knowledge has too often been done.

SYMPHISIOTOMY.

This operation was invented by De la Courrué in 1615, and abandoned until 1815, when it was re-introduced by Sigault. It met with universal condemnation at the time because the mortality of the mothers was high, and the results afterwards to the woman's health were very unsatisfactory. The deaths were mostly due to sepsis, and the infirmity afterwards was caused by the failure of the pubic cartilages to unite. With the general adoption of aspsis in midwifery, however, the operation became much safer, so that when it was introduced again by Morisani, in Italy, it was both safe and successful, and met with general approval, especially by the Roman Catholic Church, which viewed with alarm any operation which sacrificed the life of an unbaptized child.

Morisani sent his pupil, Spinelli, to Paris, to introduce it to the Paris obstetricians, who re-

ceived it with favor, and who have performed the operation a number of times, Charpentier becoming a specially strong partizan of it. Harris, of Philadelphia, read a paper on it at the meeting of the American Gynæcological Society in September, and as a result, Jewett of Brooklyn reported a successful case soon after. This was followed by two cases in Philadelphia, both successful, and another by Dr. Springle, of Montreal, who has the honor of first reporting a case in Canada. Although the operation bids fair to become popular, and will probably be performed a great many times in Europe, where rachitis is a common disease, it will be seldom called for in Canada, where a woman with a pelvis measuring less than three inches in the antero-posterior diameter of the pelvis is exceeding rare. In over six hundred confinements, we have only seen one in which the forceps did not easily terminate labor, and even in that case, three out of four children were born living. But when a case of contracted pelvis does occur, we should certainly give this operation the preference over Cæsarian section or Craniotomy, provided the antero-posterior diameter is not less than two and five-eighths inches. Although cutting through the symphysis does, theoretically, increase the antero-posterior diameter, practically it does so to a very slight extent, its chief merit lying in its increasing the transverse diameter from one-half to one inch, and it is, therefore, most suitable when there is general smallness of the pelvis, and a large child to come through it. The lameness which so often follows it could, we think, be avoided by suturing with silk-worm gut the cartilaginous surfaces, which sutures should remain forever, so that if union by first intention should be obtained, or if by fibrous tissue, the latter should not be put upon the stretch until it has had time to become thoroughly organized.

BOOK NOTICES.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES, including Physical Diagnosis and Diseases of the Lungs, Heart, and Aorta, Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Oesophagus. By E. FLETCHER INGALS, A.M., M.D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the Throat and Chest, Northwestern

University Woman's Medical School; Professor of Laryngology and Rhinology, Chicago Polyclinic, etc., etc. Second edition, revised and enlarged. 240 Illustrations, Octavo, 700 pages, extra muslin. Price \$5.00. WILLIAM WOOD & COMPANY, NEW YORK.

This work comprises three distinct treatises: the first of 262 pages on diseases of the chest; the second of 240 pages on diseases of the throat; and the third of 125 pages on diseases of the nose. Then follow 10 pages of formulæ of gargles, lozenges, vapor inhalations, sprays, dry inhalations, pigments, insufflations, and nasal douches. The Index is particularly complete and well written. The publisher has been very generous with his illustrations, and the mechanical portions of the work are up to the high standard always maintained by William Wood & Company. For anyone devoting special attention to these diseases the work will be of great value. That it is appreciated is evidenced by the fact that it has reached a second edition.

TEXT-BOOK OF NERVOUS DISEASES, being a Compendium for the Use of Students and Practitioners of Medicine. By CHARLES L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School, and in Dartmouth Medical College; Visiting Physician to Bellevue Hospital; Neurologist to the Montefiore Home; ex-President of the American Neurological Association, etc. With 210 illustrations. Octavo, 524 pages, red parchment muslin. Price \$3.25. WILLIAM WOOD & COMPANY, NEW YORK

Professor Dana is so well known an authority on nervous diseases, that he requires very little introduction. The specialty has assumed large proportions in late years, and the volume appears to be quite exhaustive. As the author has written a very instructive preface, we cannot better give our readers an idea of the scope of the work than by quoting it.

"It is the object of the author in this treatise to present the science of neurology in a concise yet as far as possible complete form. Each subject has been taken, all the available facts regarding it ascertained, the writer's own experience collated, and with the data thus gathered the chapters have been written. The labor involved in such a task has been very great, but I am encouraged to believe that the result will be a useful one; for the work does not compare or compete with the large treatises which are already in the field, nor with the smaller introductory text-books, but I have tried to furnish a book which will be suitable for the student and practitioner and not valueless to the specialist.

The extreme importance of a knowledge of anatomy has led me to pay special attention to furnishing in a condensed form the most recent accessions to our knowledge of this subject. Starting with the facts that can be gained in ordinary anatomical works, the student can, I believe, acquire a good idea of modern neuro-anatomy with the help of the anatomical chapters given here.

In the classifications of nervous diseases and the description of their pathology, I have tried to apply the modern knowledge of general pathology as modified by bacteriology. This I have done conservatively, yet not less than in my opinion is absolutely demanded. A good deal of havoc will be wrought eventually in our conception of the nature of nervous diseases by the newer pathological doctrines; I have made as little change as was consonant with undeniable facts.

To the Student.

As a special text-book, the present work will be used by two classes of readers, one consisting of those who simply consult it for reference in connection with their cases, the other composed of students who desire to ground themselves systematically in a knowledge of neurology. To this latter class I venture some advice as to the method they should pursue. Neurology is a difficult branch of medicine to master, nor is there any royal road to it. Still, it can be made comparatively easy if its study is undertaken in a proper and systematic way.

In using the present work, the student should first refresh his general knowledge of nervous anatomy as furnished in ordinary text-books. He should then go carefully over the anatomical descriptions here given of the general structure of the nervous system and of that of the nerves, spinal cord, and brain. A thorough knowledge of anatomy and physiology makes clinical neurology comparatively easy, and in fact reduces much of it simply to a matter of logical deduction.

The student should next master the general facts of nervous pathology, symptomatology and etiology, for he will find common laws underlying apparently the most varying phenomena. Finally, he must begin to study the special diseases. The number of these is very great; in the present work I have described 176. Many of these are rare, and it would be wrong for the student to burden his memory with the details about them. He need know only of their existence and general physiognomy. There are, however, according to my enumeration, about 65 nervous diseases which are either very common or extremely important, and it is these that the student should master and make part of his working knowledge. Since the distribu-

tion and names of the common and rare diseases may be a useful guide, I append here a table and a list :

	Periph eral.	Spin ^{al} Cord.	Brain	Func tional	Totals
Common and im- portant nervous Diseases	31	13	12	10	65
Rare	56	27	16	11	111
	87	40	28	21	176

The common or important peripheral nervous diseases are :

General.—Neuritis, multiple neuritis, degeneration, neuralgia, paræsthesia (5).

Cranial.—Anosmia, optic neuritis, optic atrophy, ptosis, ophthalmoplegia, abducens palsy, headache, migraine, trigeminal neuralgia, facial spasm, facial palsy, tinnitus, vertigo, ageusia, wry-neck (16).

Spinal Nerves.—Cervical neuralgia, hiccough, brachial palsies, single and combined, brachial neuralgia, intercostal neuralgia, herpes zoster, lumbar neuralgia, sciatica, leg palsies (10).

Spinal Cord.—Spina bifida, hemorrhage pachymeningitis, leptomeningitis, poliomyelitis, transverse myelitis, acute and chronic, secondary degenerations, locomotor ataxia, the progressive muscular atrophies, bulbar palsy, muscular dystrophies, spinal irritation (13).

Brain.—Malformations, hyperæmia, pachymeningitis, leptomeningitis, simple, tubercular, and epidemic, abscess, hemorrhage, embolism, thrombosis, children's palsies, syphilis (12).

Functional.—Epilepsy, hysteria, the tics, chorea, tetanus, neurasthenia, spermatorrhœa, exophthalmic goitre, occupation neuroses, paralysis agitans (10)."

A MANUAL OF CHEMISTRY, Inorganic and Organic, with an introduction to the study of Chemistry, by Arthur P. Luff, M.D., B.Sc. (Lond.), M.R.C.P.; Fellow of the Institute of Chemistry; fellow of the Chemical Society; physician to out-patients in St. Mary's Hospital; and lecturer on Medical Jurisprudence and Toxicological Chemistry (late demonstrator of Chemistry) in the Medical School; examiner in Forensic Medicine to the University of London; examiner in public health to the Royal College of Physicians, London. 500 pages, illustrated with 36 engravings. Philadelphia, Lea Brothers & Co., 1892.

The author says this book is intended as a guide to the study of chemical science for the use of students of medicine. Now that Chemistry, and especially Organic Chemistry, has become so vast a science, the student of medicine is, on the one hand, apt to find himself out of his depth in attempting the perusal of the larger handbooks on the subject; and, on the other hand, with many of the smaller works, excellent in their way, he is hampered by omission of matter essential to the successful after-study and practice of medicine. This book has therefore been written to bring together in a concise form those portions of chemical science that directly or indirectly bear on the study and practice of medicine.

To gauge correctly the wants of the student of medicine, and to appreciate rightly the position that must be assigned to the study of Chemistry amongst his multifarious work, can, in my opinion, be best done by one who has himself been through the courses of study and work required for qualifying in medicine. I have therefore undertaken the task of writing this book, in the hope that it may supply a long-felt want, and that it may assist the student in acquiring a sound knowledge of the fundamental principles of Chemistry.

We can congratulate the author on having accomplished his task in a very instructive and pleasing manner, and it is so clearly written that the beginner can readily understand it.

THE STUDENTS QUIZ SERIES. Gynæcology, a manual for Students and Practitioners, by C. U. Bratenahl, M.D., assistant in Gynæcology Vanderbilt Clinic, New York; and Sinclair Tousey, M.D., assistant surgeon Out-patient Dept. Roosevelt Hospital, New York. Series edited by Bern. B. Gallaudet, M. D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York; visiting surgeon Bellevue Hospital, New York; Philadelphia, Lea Bros. & Co., Price \$1.00.

This is a very complete work of the kind containing all the essentials of Gynæcology culled from Pozzi, Thomas and Munde, Mann's System, Martin, Schroeder, Schultze, Hegar and Kaltenbach, Skene, and Hart and Barbour. It will be found of great use to the practitioner and student who have only time to refresh their memories about what they have already learned, but of course it is not meant as a treatise on the diseases of women. Although many are opposed to the Quiz compends, we must say that we think they are of great use in these times when the student has so much to remember that it is impossible to carry it all in his memory without occasional refreshing.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN, by George Thomas Jackson, M.D., Chief in clinic and instructor in Dermatology, College of Physicians and Surgeons, New York; consulting dermatologist to the Presbyterian Hospital, etc., with fifty illustrations. Philadelphia, Lea Bros. & Co.

This book is intended to present the art of dermatology as it now exists. No attempt has been made to discuss debatable questions. Hence pathology and etiology do not receive as full consideration as symptomatology, diagnosis and treatment.

The alphabetical arrangement of the different diseases has been adopted for convenience of ready reference. It is hoped that the large number of titles from foreign languages will prove as acceptable as it is novel, and that the pronunciations of the various names will be helpful.

DISEASES OF THE EYE, EAR, THROAT AND NOSE, by Frank E. Miller, M.D., Throat Surgeon Vanderbilt Clinic College of Physicians and Surgeons, New York; James P. McEvoy, M.D., Throat Surgeon Bellevue Hospital, Out-Patient Department, New York; and John E. Weeks, M.D., Lecturer on Ophthalmology and Otology Bellevue Hospital Medical College, New York. Being Volume 10 of The Students' Quiz Series, edited by Bern. B. Gallaudet, M.D., Demonstrator of Anatomy College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Pocket-size 12mo., 218 pages, with 89 illus. and 2 full-page plates. Limp cloth, \$1.00.

To facilitate the acquisition of a well-assorted knowledge of Diseases of the Eye, Ear, Throat and Nose, the author has endeavored to condense into this volume, in the most complete and concise manner possible, the essentials of these specialties. To the student, such brief volumes have a double usefulness, not only presenting the facts, but saving his attention to lectures from interruption by note taking. It is also hoped that the volume will serve to refresh the memory of the busy practitioner, as it is in reality a trustworthy digest of the best and latest works on these specialties.

THE STUDENTS' QUIZ SERIES.—Physiology, by Frederick A. Manning, M.D., Attending Surgeon Manhattan Hospital, New York. Series edited by Bern. B. Gallaudet, M.D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York, Visiting

Surgeon Bellevue Hospital, New York. Pocket size, 12mo., 201 pages, 69 illustrations, \$1.00. Philadelphia, Lea Brothers & Co.

The present book is a brief summary of the salient features of Human Physiology. The idea has been to present the subject in such a manner as to fix in the memory facts already learned in less limited treatises. The book is practically an abstract of standard works, and principally of those of Dalton, Foster and Kirke. The cuts are many of them from Dalton's Physiology. Doubtful questions have often been referred to Foster, whose Text-book of Physiology is the reference book of a large proportion of the schools.

THE PHYSICIAN'S VISITING LIST, for 1893. Forty-second year of its publication. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut Street; sold by all Booksellers and Druggists. Price \$1.00 to \$3.00, according to number of patients. 25 patients a week \$1.00.

"The fact that this visiting list has been published annually for forty years is sufficient guarantee of its excellence and popularity. In addition to the visiting list proper, it contains easily-accessible suggestions upon many of the emergencies that may arise in a physician's practice, as when he is too far from home to learn from his text-books the antidote for a poison that may have been swallowed, or the proper method of resuscitating a half-drowned person. True, he should know these things, but who does not occasionally forget when he most wishes to remember? There are also dose-tables, tables of the metric system, a list of new remedies, rules for examining urine, a table for calculating the period of pregnancy, and other equally useful information. The arrangement for entering patients, visits, consultations, etc., is exceedingly simple, and the whole makes a thin, compact, and easily-carried volume."

We have used this list in our own practice for the last 15 years, during which time it has saved us many hundreds of times its cost.

GOULD'S POCKET PRONOUNCING MEDICAL LEXICON. Just ready, September, 1892. About 11,000 Words.

A Student's Pronouncing Medical Lexicon. Containing all the Words, their Definition and Pronunciation, that the Student generally comes in contact with; also elaborate Tables of the Arteries, Muscles, Nerves, Bacilli, etc., etc.; a Dose List in both English and Metric System, etc., arranged in a most convenient form for reference and memorizing. Thin 64mo. Cloth, \$1.00; Leather, \$1.25.

The great success of Dr. Goud's "New Medical Dictionary" suggested the publication of this smaller volume for the pocket. It has been prepared upon the same practical, systematic plan as the larger book, and, like it, has been based upon the most recent medical literature. It contains about 11,000 words—nearly double the number in any other pocket medical dictionary—and as many of these words are not to be found in any other dictionary, large or small, it may, from this point of view, be considered as a supplement to them.

The form and size of the volume ($6 \times 3\frac{3}{4}$ inches) have been selected as most practical. It is printed on very good, thin, opaque paper, from a clear, new type; it is no wider than the old-shaped books; it is thinner; and the length of the page has permitted the addition of several thousand words. It will be found to slip readily into any pocket that will take the "pocket," and, unlike them, will not feel or look bulky.

The tables will be found of great value, as much of the material thus classified is not obtainable by English readers in any other work, either in this or any other shape.

SYPHILIS AND THE NERVOUS SYSTEM, being a revised reprint of the Lettsomian lecture for 1890, delivered before the Medical Society of London by W. R. Gowers, M.D., F.R.C.P., F.R.S., Consulting Physician to University College, Hospital, Physician to the National Hospital for the Paralyzed and Epileptic, etc.

Philadelphia, P. Blakiston, Son & Co., 1012 Walnut Street, 92. Price \$1.00.

The Author says:—These lectures, delivered three years ago, are now reprinted on account of the frequency with which I find it necessary to refer to statements made in them, and the inconvenience of being obliged to refer a reader to the Medical Journals in which the lectures originally appeared. Two translated reprints have been published, and this renders their reproduction in the English language the more desirable. Moreover, I have taken the opportunity of carefully revising them, and have made a large number of additions. These, although not obtrusive or extensive, will, I hope, be found to increase the practical value of what is said, and may serve to bring the lectures up to the level of our present knowledge if they are below this in their original form. At the same time, their scope and character make the need for such additions insignificant. Their chief object is to enable those who read them to grasp more firmly the cases they meet with, and to understand better the methods of dealing with the disease in practical thought and actual work.

TEXT-BOOK OF OPHTHALMOLOGY.—By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Authorized translation from the 2nd enlarged and improved German Edition by A. Duane, M.D., Assistant Surgeon Ophthalmology and Aural Institute, New York.

This is a handsome octavo volume of nearly 800 pages, and for its presentation to English-speaking practitioners throughout the world they are greatly indebted to the publishers and translators. We have put it to the test of looking for information on a variety of points familiar to us, and in every case have found the subject exhaustively treated. We have also seen most complimentary notices of it in a great many of our exchanges. The translator has not only performed his task in an agreeable manner, having taken the liberty of laying aside all Germanisms which grate so harshly on the English ear, but he has also added copious notes, with the approval of the author. All that we can say of it is that it is the newest, and apparently the best of text-books on diseases of the eye, and coming from the hands of Messrs. Appleton, we have no hesitation in recommending it to our readers as the standard text-book on this subject. The cuts and the mechanical portion of the work are, as usual with the Appletons' publications, simply beyond criticism. It can be obtained from any bookseller, and from D. Appleton & Co., 170 Young street, Toronto, Ont.

TRANSACTIONS OF THE 46TH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, held at Sandusky, June 17th, 18th and 19th, 1891.

This is a particularly interesting volume, doing great credit, both to the authors of papers and the committee of publication, among whom we notice our friends, Drs. E. S. McKee and C. A. L. Reed, of Cincinnati. Among the papers is a remarkable one by Dr. J. C. Reeve, of Dayton, Ohio, on the A. C. E. Mixture, and is the most complete historical report on this anæsthetic that we have ever seen. The author is a strong advocate of this anæsthetic. In twenty-six years in all sorts of patients, and in all kinds of operations, he has only had three cases in which he had the slightest anxiety, and no deaths whatever. In a discussion which followed after reading the paper, it was shown that the proper proportions should be as originally laid down, viz.: 1, 2, 3, and not 3, 2, 1, or any other combination of those figures as some seem to think themselves called upon to make. If used in the original proportions of 1 of alcohol, 2 of chloroform, and 3 of ether, we will have an anæsthetic as safe and as nearly perfect as it is possible to obtain.

Another very interesting paper is one by Dr. Rufus B. Hall, of Cincinnati, entitled, "What cases should be drained after abdominal section. He points out that the great danger after this operation is the absorption of septic serum or lymph. He says the amount of bloody serum removed from the peritoneal cavity after many of the simplest of the pelvic and abdominal operations is incredible to anyone not accustomed to draining after such simple operations. He says that he has drained in every case of abdominal section since September, 1886, with but one exception, and then the patient died; he believes that she would have been saved by drainage. In the discussion that followed, the sense of the meeting was strongly in favor of drainage. Another interesting paper is on the operative treatment of uterine cancer, by Dr. Todd Gilliam, of Columbus. It was a strong plea for the total extirpation of the uterus. There are also many other papers of great interest, but our space prevents us from referring to them at length.

PHYSIOLOGY. A Manual for Students and Practitioners. By Frederick A. Manning, M.D., Attending Surgeon, Manhattan Hospital, New York. Philadelphia: Lea Bros. & Co. Price, \$1.00.

This number of the Students' Series is a condensed form of Kirk's Standard Text-book, although it also contains much from Dalton and Foster, while the cuts are mostly from Dalton's Physiology. On looking over the book it seems wonderful to find so much information in such comparatively small space. This result is obtained by avoiding verbiage or useless discussions on doubtful points.

LANGUAGE OF ANIMALS.

The chatter of monkeys can be made intelligible to the human mind (*Times and Reg.*). Among these animals themselves it is, according to Professor Garner, not only intelligible, but understood. Their utterances indicate a purposive character. Simian speech is associated with a form of delivery or address exciting responsive actions. The sounds uttered by monkeys in one quarter of the globe, when reproduced by the phonograph, were recognized by animals of the same species in another. If Professor Garner's researches indicate anything, it is the probability that the songs of birds, the hissing of reptiles, and the whole and varied catalogue of sounds among the lower creation represent so many stages in the development of language.

A GENERAL COMPLAINT.

An Eastern contemporary says: Practice remains dull over the city as far as reported. In fact, the general practitioner has found unusual opportunity for side pursuits this summer. By some this slackness in medical work is ascribed in part to the more elegantly equipped dispensaries in which hundreds of well-to-do citizens obtain free treatment.

NOTICE.

OUR GIFT TO EVERY ONE OF OUR READERS.
"A YARD OF PANSIES."

By special arrangement with the Publishers, we are enabled to make every one of our readers a present of one of these Pictures 36 inches long, a companion to "A Yard of Roses," which all have seen and admired. This exquisite picture, "A Yard of Pansies," was painted by the same noted artist who did the "Roses." It is the same size, and is pronounced by art critics to be far superior to the "Roses." The reproduction is equal in every respect to the original, which cost \$300, and accompanying it are full directions for framing at home, at a cost of a few cents, thus forming a beautiful ornament for your parlor, or a superb gift. Send your name and address to the publisher, W. JENNINGS DEMOREST, 15 East 14th street, New York, with three two-cent stamps to pay for the packing, mailing, etc., and mention that you are a reader of the CANADA MEDICAL RECORD, and you will receive by return mail one of these valuable Works of Art.

THE SAN FRANCISCO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.

SAN FRANCISCO, CAL., September 28th, 1892.
Dr. L. P. Britt, 37 College Place, N. Y.

Dear Sir:—Enclosed please find postal money order, No. 37,747, for which send me two five-inch driving bits same as last ordered. I have given the bit one trial. I used it on a confirmed puller that required two strong men to drive, they alternating as they became exhausted. After a few efforts the animal succumbed, and I could drive him with slack lines.

Yours truly, NATHANIEL HUNTER,
Secretary.

Why delay in sending for the AUTOMATIC SAFETY BIT after reading the above letter, which is the highest authority and indorsement in the world as to the Bit's grand merits and humane power. These societies are advocating the use of, and selling the Bits.

The Canada Medical Record.

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GYNÆCOLOGY AND OBSTETRICS.

By A. Laphorn Smith, M.D., Gynæcologist to the Montreal Dispensary.

Dr. Jos. Price (in *Medical and Surgical Reporter*, 1st Oct, '92) makes a strong plea for earlier diagnosis by the general practitioner in diseases of the uterus and appendages, and in cases where there is any doubt for the calling in of a specialist. "Early operation" is a gynæcological maxim, and makes all the difference between life and death in the result of the operation. As a rule, lacerated cervix is not diagnosed until cancerous degeneration has started in the cicatricial tissue of the angle of the tear. Ovarian and fibroid tumors are not sent to us until they have grown large, and extensive adhesions to the intestines have formed, which conditions change the operation of removal, from a very safe one having only one or two per cent. of mortality to a very difficult and dangerous one having fifteen per cent. of deaths. In every case of pelvic pain a bi-

manual examination after a free purgation should be made, when, if some abnormal growth be present, even the most inexperienced could hardly fail to discover it.

Should we allow a nursing woman coffee? This question is answered in the negative by Dr. Alice McLean of Swatow. She says coffee as a beverage is an agent of considerable potency in drying up the milk of nursing women. In an institution of which she had charge, in which there were over thirty nursing women, coffee was served twice a week. Regularly on these days the nurses in charge reported a scarcity of breast milk, and there was frequently a necessity for resorting to artificial feeding to eke it out. There is every reason why coffee should be an excellent agent in reducing the flow of milk, for caffeine is one of the best known diuretics. It probably reduces the milk because it diminishes the quantity of fluid in the system. When a woman is weaning her baby, and is consequently depriving herself of liquids, she might safely satisfy her great thirst by drinking coffee.

Noble (*Annals of Gynæcology*, Dec., '92) calls attention to the views of Nægerrath,

on gonorrhœa in women. The disease is much more frequent than is generally supposed. It nearly always leads to pelvic peritonitis and closing of the tube. As to treatment of cystic gonorrhœal salpingitis or pus tubes, he thinks that the appendages from both sides should be removed when the woman is near the menopause or has already had several children, even if one side is apparently healthy.

Hanks (Ibid) gives the following rules to be followed in order to prevent secondary hemorrhage from the pedicle after ovariectomy: Separate and ligate the arteries, and then quilt the pedicle with strong ligature. In smaller pedicles the needle is to be passed to one side of the artery, care being taken not to split the vessel. In tying with catgut the first turn should be single and the second double; but with silk the procedure should be reversed, the first twist being made double and the second single.

Grandin (Ibid) brought forward the advantages of *accouchement forcé* in certain obstetrical complications, notably in uræmia. Where care as to cleanliness has been taken, he claims there is no risk about it. It has been urged against it that it endangers the cervix, but he thinks that the advantages of a rapidly terminated labor with a live child and mother safe would warrant some risk to the cervix.

Dr. B. F. Baer, at the last meeting of the Gynæcological Society, read a paper on supra-vaginal hysterectomy without ligature of the cervix in operating for uterine fibroids. The mode of procedure in the new method is as follows: the abdomen is opened, and the tumor, freed of all adhesions, is lifted out of the abdomen. The patient is then placed in Trendelenburg's posture. A single silk ligature is passed through the broad ligament near the cervix and again through near the outer side to prevent slipping, and tied. A pedicle forceps is placed on tube and ovary. The

ligament is then cut near the forceps close to the tumor. Both sides are thus treated and the knife run around the tumor making a light cut. The peritoneum is then stripped down and the uterine arteries located and tied. This should be done near the cervix. The tumor is removed and all the supra-vaginal portion of the cervix cut away. The stump drops deep into the pelvic cavity covered by the peritoneal flaps which are joined by Lembert suture. He claims that there is no hemorrhage and no sloughing for there is no tissue constricted to slough.

The chances of contamination of the abdominal cavity are reduced to a minimum, as are also the dangers of hernia.

Dr. Palmer read a paper at the same meeting on inter-menstrual pain coming on from 16 to 18 days after menstruation with an average duration of 9 days. He thought it was due to some obstacle in the way of the discharge of a Graafian follicle due in most cases to thickening of the cortex or outer layer of the ovary. If other means failed, removal of the ovary was advised. Nothing was said about either fine wire faradism or galvanism with which most of these cases can be cured.

Gusserow (Archiv für Gynäcologie) divides cases of ascites which come under the observation of the abdominal surgeon into four classes—those due to tuberculosis, to papilloma of the ovaries, to malignant disease of the ovaries and peritoneum, and to non malignant disease of the genital organs. He is strongly in favor of exploratory incision, not puncture, as he says it is impossible to distinguish them otherwise, while many of them will be found to be due to causes which can be removed and a cure effected.

[I recently reported a case to the Medico-Chirurgical Society of Montreal of enormous ascites in a woman of fifty-six who was dying from the pressure of the fluid interfering with the heart's action. About

thirty pints of water were removed very slowly with a fine trocar, so as to avoid the sudden taking away of support from the large veins in the abdomen, a circumstance which has sometimes led to sudden death. When the liquid had been removed, two large solid tumors were found to be floating freely in the now relaxed abdomen, and accordingly abdominal section was performed a day or two later, and the tumors were removed. They proved to be carcinoma of the ovaries; and although the peritoneum and liver were covered with cancerous nodules, the patient made a perfect recovery from the operation, and is alive still—now more than three months since.]

Skene Keith (*British Med. Journal*) reports the total disappearance of a fibroid tumor after Apostoli's treatment. The patient was a lady aged 29, who had a uterine fibro-myoma filling the pelvis, and causing the most profuse menorrhagia with constant pain. She received thirty applications, the current having an average strength of eighty-eight milliamperes, and each séance lasting five minutes. The symptoms were rapidly relieved and the tumors diminished in size. Six months later she was free from pain, and the flow was nearly normal. She was examined a year after the suspension of treatment, when the uterus measured only two and a half inches in depth, instead of five as at first, and no trace of a tumor could be found. A year later the cure was found to be permanent, and the patient was without symptoms. He rightly claims great superiority of the electrical treatment over removal of the adnexæ, since in both the cure is to be regarded as symptomatic, the disappearance of tumors of large size being a result which is not to be expected in either case.

Many of those who have been well satisfied with Apostoli's treatment are saying very little about it, because they have felt

that it was actually suffering from a too zealous support which in turn created a still more bitter opposition on the part of the surgeons. They have been quietly working away, however, and a vast array of clinical facts is being piled up, which will in due time be sufficient to convince the most sceptical that Apostoli's method does just what Apostoli has claimed for it, namely, cures all the symptoms of uterine fibroids.

Dr. A. A. Young, of Newark, N.Y. (*N. Y. Med. Journal*, 24th Dec., '92), in speaking of chloasma or liver spots, thinks that they have nothing to do with the liver, but are more often due to some change or irritation in the uterine organs. Its existence is dependent upon the abnormal activity of the generative organs, excessive venery in his opinion being the commonest cause. He has always found the uterus large and flabby, and measuring between three and a half and five inches. For the cure of the cause he recommends intra-uterine galvanism or the introduction of an iodoform pencil which excites powerful contractions. For the removal of the effect he has found five grains to the ounce of bi-chloride of mercury, carefully painted over the affected skin, to be very effective. In a few days a bran-like desquamation will appear, and with it more or less of the deposit of pigment. The process may be repeated and continued as long as pigmentation remains.

Routh (in the *Practitioners' Journ.*), in making a plea for rapid dilatation of the uterus in cases of uterine hemorrhage, says: In all cases of profuse menorrhagia the cavity of the uterus should be explored, rapid dilatation of the cervix under anæsthesia, by means of graduated bougies being preferred, since the risk is practically nil. Even when tubal disease is present the operation is not contra-indicated, since the former is often secondary to or aggravated by endometritis. In cases of uterine

fibro-myoma the immediate cause of the hemorrhage may be endometritis or poly-pus, which should be removed before proceeding to perform oophorectomy or hysterectomy. Dilatation alone may relieve pain and hemorrhage. Preliminary dilatation and exploration of the uterine cavity should precede Apostoli's treatment.

As the only failures I have had with Apostoli's method were due to errors of diagnosis, I heartily endorse the suggestion of Dr. Routh to begin the treatment by making sure of what we have to treat. Moreover, when the uterus has been well dilated, we will be able to introduce a much larger electrode, and consequently apply much stronger doses without causing pain. At any rate, if the patient does not improve rapidly under Apostoli's treatment, rapid dilatation and exploration should no longer be delayed, as a malignant condition requiring early removal of the entire uterus may be present.

Van der Warker (*American Journal of Med. Sciences*, Dec., '92) makes a strong plea for the gynæcological treatment of insane women in whom the origin of the trouble is situated in a diseased ovary or lacerated cervix or perineum. Innumerable cases are on record of patients of this kind being restored to health mentally as well as physically by this means.

B. B. Robinson (*North American Practitioner*) describes gonorrhœa as an infectious, unlimited, progressive disease of the cylindrical epithelium of the generative tract. The habitat of the gonococcus is cylindrical epithelium; it does not thrive so well in squamous epithelium or connective tissue. The walls of the urethra contain numerous glands, which are lined by cylindrical epithelium, although the urethra is lined with squamous epithelium. Sanger's assertion respecting the impossibility of gonorrhœa producing suppuration in the appendages is not supported by the experience of the majority

of observers. Suppuration may depend upon mixed infection, as was pointed out by Bumm. The investigations of Wertheimer showed the gonococcus to be present in a number of cases of pyosalpinx, and in sixteen cases no other form of bacteria was present. The same observer proved that gonococci could penetrate the ovary and form an abscess there.

Gonorrhœal puerperal fever depends chiefly on the exacerbation of a chronically or recently inflamed gonorrhœal organ. Conception and gonorrhœal infection may occur at the same time, and gonorrhœal puerperal fever occur at the abortion or labor. The tendency of the gonorrhœal poison to produce sterility limits the presence of this condition chiefly to primipara. Although gonorrhœa usually produces a bilateral lesion and consequent sterility, pregnancy not infrequently occurs from the fact that the trouble has been confined to one side of the uterus. Peritonitis may then occur at abortion or labor at term. The exciting cause of the abortion in these cases is an endometritis of specific origin. When the gonorrhœal fever occurs at labor it is frequently due to the rupture of pathogenic cysts, but it is generally the exacerbation of a previously inflamed gonorrhœal organ. Sudden death sometimes occurs at the time of abortion or labor due to the rupture of a pathogenic (gonorrhœal) cyst, caused by the mechanical pressure incident to parturition.

NEW CONTRIBUTIONS OF THE ELECTRICAL TREATMENT, BOTH GALVANIC AND FARADIC, TO DIAGNOSIS IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

Conservative gynæcology has found in electricity her best and most precious auxiliary. Surgery, in its turn, is equally

* Abstract of a paper read at the International Gynæcological Congress at Brussels, September 15, and the American Electro-Therapeutic Association in New York, October 4, 5 and 6, 1892.

destined to often require the support of the same electric treatment to make clear its route, to confirm or correct a doubtful diagnosis, to force or hasten in certain cases an operation, the necessity of which does not seem to be immediately necessary, or, on the other hand, to proscribe the operation as superfluous, useless, or dangerous.

Every day two vital questions, most difficult to solve, are presented in gynaecology: Are the appendages affected? If so, is there pus? If not, what is the degree of their inflammation?

It is to solve these two problems that so-called exploratory laparotomies are daily performed, where the real inflammatory process does not always justify castration, and it is to solve these same problems that I propose the foregoing course of electric treatment.

Truly, every so-called exploratory laparotomy and every mutilation performed rashly, either for so-called obstinate ovaritis, or for a lesion of the appendages of a doubtful nature, ought in the future to be delayed or more often definitely proscribed until all the resources, on the one hand, of *faradic sedation*, or, on the other, of *galvanic intra-uterine reaction*, have been exhausted.

I affirm that intra-uterine applications, either faradic or galvanic, employed with sagacity and perseverance, are destined to nearly always clear the diagnosis in the clinical conditions, of which the following is the embodied and synthetical formula:

A. Faradic current.—It ought to inform us upon the true nature of the so-called ovarian pains, of which it produces the most rapid and efficacious sedation. All ovarian pain usually indicates the *faradic current of tension* if the rules and the operative technique which I formulated in 1883, concerning the number of séances, the duration of the application, the choice of coils, the time of employment, etc., are followed.

Yes, all ovarian pain, if it is hysterical and only hysterical, is, if not cured, at least almost always relieved by the faradic current of tension, which otherwise is a little less powerful against the pains of inflammatory origin, and notably against those which are due to inflammation of the appendages.

Therefore, if in such a case the curative success clears up the diagnosis, and imposes on us an abstention from operation, on the contrary, the lack of success will show us that the pain has a deep source, and which requires either supplementary galvanic treatment or operative interference.

B. Galvanic current.—Applied intra-uterine, it is destined to indicate to us the state of integrity of the appendages; their possible inflammation—its degree; the existence of pus; if it is of a curable nature or not; if the inflammatory process is in a state of evolution or not. We ought to avoid the errors with their clinical and operative consequences, and especially that one which is so frequent, viz., mistaking a sub-peritoneal fibroma for a salpingitis, and *vice versa*.

Two facts of the utmost importance dominate all the galvanic intra-uterine therapeutics:

First. The absolute tolerance (with the exceptions which I shall indicate) of the uterus when its periphery is not affected.

Second. The intolerance, which increases with the acuteness of the inflammation of the appendages; this is daily confirmed clinically, in the first place, by the variable tolerance of the uterus to the same dosage of the galvanic current, and secondly, by the variance of tolerance in the same patient to the galvanic current according to the state of the appendages, because if the uterus supports all when its periphery is not affected, on the contrary the intolerance will be increased with the intensity of the inflammation of the appendages.

The uterine sensitiveness to the continued current is above all subservient and tributary

to that of the appendages, and the response which it gives makes clear to us the degree, presumed or not, of their inflammation.

Moreover, that which it demonstrates in a peremptory manner is the experimental proof which I have acquired in a sufficiently great number of uteri, intolerant before the castration, becoming obligatory too late, once accomplished, freed the uterus from its galvanic hyperæsthesia in an instant, and caused a tolerance identical or a little greater than that which is the case when the integrity of the appendages is physiological.

Besides this first source of intolerance, the most frequent and important of all, are ranked the other causes, secondary in frequency and importance, between which it is usually easy to establish a differential diagnosis :

a. True hysteria, sudden, with lively reactions, and its symptomatic *ensemble*, which strikes the eyes of the least discerning.

b. Fibro cystic tumors of the uterus, whose nature is most probably malignant.

c. Pelvic cellulites, comprising those of the intestine, and which have a very characteristic symptomatic history.

The clinical results drawn from these premises very briefly set forth are the following :

1. Every uterus interrogated galvanically at the dosage of 100 to 150 milliamperes, which gives no reaction operative or (and principally) post-operative, and which not only tolerates this dose, but has its dominant symptoms, such as pain or hemorrhage, lessened thereby—such tolerant uterus has a healthy periphery, or at least has no actual inflammation of the appendages justifying surgical interference, and indicates electric treatment of which the galvanic dosage should not be limited except to fulfill the clinical indications. There may be also a co-existence of a simple cyst of the ovary ; but if there is no

inflammation of the tubes the same tolerance will be preserved.

2. Every uterus which does not support fifty milliamperes, or which supports them badly, and where the operative sequences are very painful or febrile, is a uterus whose periphery is suspicious, and should not be experimented with except with the greatest moderation and prudence.

3. Every uterus whose initial intolerance is lessened with the number of the applications, and whose symptomatic amelioration is accentuated and increased with the time employed, either is a hysterical case, or one in which the inflammatory condition is undergoing retrogression or arrest.

4. Every uterus whose intolerance, excessive from the first (not supporting twenty or thirty milliamperes), develops and increases with the number of séances and is accompanied by an elevation of temperature, is one whose periphery is affected with a lesion not appropriate to conservative gynæcological treatment. Here a suspension of galvanic treatment is demanded, the diagnosis being thus at once made clear, and it becomes necessary to proceed to operative interference, which will usually be castration, this being justified by an ordinary suppurative salpingo-ophoritis.

NOTE UPON A NEW APPLICATION OF THE ALTERNATIVE SINUSOIDAL CURRENT IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

The alternating sinusoidal current which M. Arsonval has introduced into electrotherapeutics is utilizable in gynæcology, and the following is a summary of the new acquisition :

* Presented by Dr. G. Apostoli at the International Gynecological Congress at Brussels, and session of the American Electro-Therapeutic Association, in New York, Oct. 4, 5 and 6, 1892.

In five months, from March to August inclusive, 1892, thirty-four patients, comprising twelve fibromata and twenty-two affections of the appendages, were treated at the clinic of Dr. G. Apostoli by the alternating current. This was done with the co-operation and assistance of Drs. Grand and Lamarque, the total number of séances being 320.

All the patients were submitted to a uniform application, one pole in the form of a sound being introduced into the uterine cavity, and the other, a large clay pad, upon the abdomen. The duration of each séance was five minutes, and was renewed two or three times a week.

The rapidity of the alternations varied according to the circumstances, or rather to the sensibility of the patients, and oscillated between a mean of four to six thousand, and a maximum of ten to twelve thousand per minute.

The apparatus employed is the first model constructed by Gaiffe, which is really but the magneto-faradic machine of Clark, modified and transformed by Arsonval, giving at its greatest rapidity a maximum difference of potentiality of sixty-four volts and at its average rapidity a difference of thirty-two volts. This apparatus is driven by a pedal.

All the thirty-four patients were carefully watched, and the following are the general conclusions which were obtained from this initial period of treatment, conclusions which do not always appear definite to Dr. Apostoli, because of the imperfect instruments and the relative short duration of the period of experimentation:

1. The alternating sinusoidal current applied to the interior of the uterus under the operative conditions under which Dr. Apostoli was placed, was always inoffensive and well supported.

2. Its application was not followed by any painful or febrile reaction, but, on the contrary, was very often accompanied by a manifest sedation.

3. It did not seem to have a restrictive action on hemorrhagic symptoms, but, on the contrary, sometimes had a tendency to cause their continuance.

4. It exercises a specific action on the symptom *pain*; this action obtains in the first séances, and most often at the end of the first séance.

5. It usually, but not universally, relieves leucorrhœa, which diminishes or disappears under its use.

6. It has no appreciative action on the hydrorrhœa associated with certain fibromata.

7. Its influence upon anatomical retrogression of fibromata is not yet definitely established.

8. Its action favors the resolution of peri-uterine exudates.

In conclusion, this treatment, though recent and still apparently incomplete, has always given a sufficiently definite response that it may be permitted to be considered a happy conquest in gynæcological therapeutics. Succeeding researches will enable us, in the near future, to determine and fix the operative conditions under which we may the better combat the different pathological states (hypertrophies, infections, or cellular inflammations), and there will be opportunity to vary in such and such a case the number, the duration and the frequency of the séances, and to study the different curative results due to variations in voltage and intensity of the current as well as the rapidity of the alternations.

The results achieved prove that the alternating sinusoidal current should take a place in gynæcology by the side of, but not yet above, the faradic and galvanic. It is destined to assist them either as a completing active auxiliary or as a supplement to them, and to fill the new and personal indications which the future will establish more definitely.

It is at present the remedy *par excellence* for pain; and if it will not make a clean sweep of galvanic and faradic applications,

which have proven their efficacy, it is always an arm the more, and conservative gynæcology is unable to do otherwise than accept all that tends to enlarge and fortify her domain.

A CASE OF PUERPERAL ECLAMPSIA ENDING FATALLY.

*By I. Josiah Edwards, C.M., M.D. (Bishop's),
L.R.C.P. & E., L.F.P. & S., Glasgow.*

Mrs. R. H., a short plethoric woman of 28 years, eight and a half months pregnant, primipara, took suddenly ill, after a warm day's exertion, at about 1 a.m., with convulsions.

I was called about 5 a.m., and arrived about half an hour after, and found her still in a fit, that being, I was told, the 26th fit she had had since 1 a.m., and that each was increasing in duration, with shorter intervals.

The breathing was stertorous and very strong, having a tendency to gurgling. Pupils widely dilated, eyes turned upwards, not responding to touch or light. Lids half closed. The eyes were much injected; pulse 150, strong and full; temp. 100. Enema of soap and water with Ol. Ricini was then given, securing an action of the bowels in about a quarter of an hour. I gave hypodermically:

Chloral	gr. xxx. }
Pot Bromd	3 p. }
Sod. Bromid	3 p. }
Tr. Belladon.	m. x. }

and then by enema the same remedies in increased doses, followed directly by hypodermic injections of:

Pilocarpine	$\frac{1}{2}$ gr. }
Chloral Hyd.	gr. xxx. }

I had to leave at this juncture, 9.45 a.m., for the purpose of attending court, and could not return before 3 p.m., at which

time a messenger was sent to me saying that she had given birth to a dead female child, but that the nurse said that nothing else had come away (this I understood to mean the placenta). On arrival at 3.45 p.m. I found the uterus firmly contracted over the placenta, which I had to remove with my hand after fully an hour's hard work (here I used steel dilator).

(I may mention that I had fully five times to withdraw my hand, which from the contraction of the uterus around the wrist rendered it entirely useless and cramped.)

Severe hæmorrhage had by this time set in, and though I had kept up firm pressure in the uterus externally, it was only after injection of hot water and Condyl's that it ceased.

During all this while no change appreciable occurred in the patient's condition save the fits were not so frequent, five coming on during my stay from 3.45 to 7 p.m., when the fits ceased. The breathing was, however, the same during the interval and even after the cessation of the attacks. Consciousness was never restored; the pulse 160, temp. 102.

I left the patient's house at 7.30, and had made up a mixture containing chloral, soda and potass. bromide, jaborandi, belladonna, salicylate of soda, and magnesia sulphate; this mixture I had given every half hour. By this means I secured free diaphoresis and free movements of the bowels. This was given by enema, the patient from the first being unable to swallow. At 9.30 a messenger arrived bearing intelligence of the death of the patient.

I would feel grateful to any senior member of the profession who would suggest something that he has tried and found satisfactory.

Spanish Town, Jamaica, W.I., August 1st, 1892.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

(Continued from page 502.)

Dr. I. H. Cameron (Toronto) : I have listened with great pleasure to the remarks of Dr. Bryce. I might say that quarantine of the old-fashioned kind is an exploded idea ; the old-fashioned idea of putting people away for twenty or thirty days until the disease dies out will not meet the idea of life in the nineteenth century. The quarantine such as Dr. Bryce has outlined will be all-sufficient. Proof of that exists in the circumstance that, although the British ports had been exposed for some time to cholera, very few cases have occurred in the United Kingdom. By the prompt destruction of the germ in the way Dr. Bryce has suggested, the spread of cholera will be greatly prevented.

Dr. J. W. Milne [Vancouver] : I am health officer of the city of Vancouver. You must discuss quarantine not only of the individual himself, but disinfection in every particular. To illustrate, although I do not wish to condemn anyone at this time, either the Government or its officers, I will show how we were unprepared for smallpox in British Columbia. During the first week of June the "Empress of India" arrived at Vancouver. She is one of the finest ships of the C.P.R. line. She brought over large numbers of immigrants, chiefly Chinese, and some Japanese and other passengers. A Chinaman was found ill with the disease. He was quarantined at the station, eight or nine miles from Victoria, and the ship was disinfected. Only the Chinamen were detained. The Japanese and other passengers were allowed to go to Vancouver and everywhere. When that vessel left Japan, smallpox was epidemic there. Now, the Japanese passengers should have been quarantined. The Japanese passengers went out through the country, and we have had smallpox there to a great degree ; and to show you that our apparatus at that time was inoperative and not sufficient for the case, in the city of Victoria we had only one case for six weeks after the arrival of the ship, and within ten days afterwards we had forty cases in the city of Victoria. You can understand what a panic it caused. Although I have never made it known there, and though I have never asked for a commission to see how the disease came to spread so rapidly, I will show you one point that I believe was the cause of that disease spreading. Within three days there were, I think, six grocers all taken down with smallpox. Two or three of these grocers died, so you can understand the feelings of the people on that occasion. I believe the Japanese teas were one mode of infecting the people of the city of Victoria. If we

had had the proper apparatus to disinfect the cargo at the time, I do not believe we would have had one-half the number of the cases that we had there. Forewarned is forearmed. The Government have since taken proper steps to have a proper disinfecting apparatus there, which should be, and I hope will be, sufficient.

Dr. Bergin [Cornwall] : I think it is unfair to the Minister, and unfair to the country, that we should conceal anything that we think is absolutely necessary to be done to secure immunity in this country from cholera. Dr. Bryce has pointed out that he is merely outlining the general features of what he thinks necessary to be done at Grosse Isle, for all these things must be done. None of them can we afford to overlook if we would secure this country from cholera. Now, I would like to ask Dr. Bryce, who has lately visited Grosse Isle, what provision has been made for disinfecting the buildings there after the immigrants leave them, and before the passengers are introduced into the new buildings ? I am asking this in the interest of the Government and in the interest of the country. I am asking this more than all in the interest of the Minister, who, not being a specialist, has asked us to give him the fullest and freest information to-day. I am asking him whether we are provided with the best and most thorough material for disinfecting the ships—whether we have it for disinfecting the cargoes as well as for disinfecting the clothing ? I ask what means we have—and Dr. Bryce has incidentally directed attention to it—what means we have of reaching the ship with the necessary material for disinfecting it ? I would ask what means we have for removing the passengers safely and comfortably from the ships to the island ? I would ask what means we have for thoroughly disinfecting the ships before the passengers are returned to them, or whether it would not be better for the Government to provide such a vessel as Dr. Bryce has spoken of as being in use in Philadelphia, and whether it would not be, in the emergency, the better means to take for using the apparatus I have mentioned ?

Hon. Mr. Carling : I can assure you it gives me very great pleasure, indeed, to meet the Canadian Medical Association. This discussion shows that you are fully alive to the interests of the country, and prepared to do everything you can to prevent anything like an epidemic of cholera in this great Dominion of ours. I can assure you that the Government are fully alive to the importance of having everything that can be done [as has been said by my friend, Dr. Bergin] by the Government of the Dominion to prevent cholera appearing in Canada attended to before next spring. [Applause.] We sent to Toronto, and the authorities there at the Isolated Hospital were good enough to let us have a disinfecting steam apparatus that they had constructed for use at Grosse Isle at what they paid

for it, and that they are now having a new one constructed. We are using that to the best advantage for this autumn, but for next spring we have plans and specifications, and are receiving offers for the construction of steam disinfectors to be made this autumn and to be placed in position this autumn, so that there will be appliances to disinfect any vessels that come up the St. Lawrence. I believe the largest vessel that comes up the St. Lawrence can be disinfected inside of 12 or 14 hours with these appliances. [Applause.] No stone will be left unturned to make every quarantine station in Canada as complete as it is in any other country in the world, not excepting the United States.

Dr. Bray: It has afforded me very great pleasure individually, and I am sure it has also every member of the Association, to listen to your lucid explanation of what the Government is doing to prevent the introduction of cholera into this country. The object of inviting you here to-day, before this national association, composed of members from one end of the Dominion to the other, was to strengthen the hands of the Government, and of your department in particular, in the course that you are pursuing. When you have a body of scientific men who have made this subject a special study supporting the Government in the policy they are pursuing, I am sure it will not only strengthen your hands, but also tend to allay the fears of the public. I have very great pleasure in tendering you a vote of thanks from the Association. [Applause.]

Hon. Mr. Carling: I am exceedingly obliged to the Association for their kindness, and I hope this is not the last time that I shall have the pleasure of meeting you. I am sure it is the desire of the citizens of the Capital to make your stay here as pleasant as possible. I concur in your opinion that the discussion to which we have listened to-day will be of advantage to the whole Dominion, and possibly beyond the limits of Canada.

Dr. Henderson (Ottawa): In conversation with Prof. Webster, of Virginia, on the subject of cholera, he asked me to mention to the Association that, during the late epidemic of cholera in the United States, he made inquiry as to the effect of occupation on the disease. He wanted a pointer as to prevention. He found that the mechanics employed in workshops of copper almost entirely escaped the disease. He thought that this fact might be of value, and wished it brought before this Association. His suggestion was that vaporized copper might be used as protection. If the vapor of copper in workshops prevented the comma bacillus from thriving, why should not the same vapor be used for the purpose of protection against cholera?

Dr. W. W. Dickson: I think the meeting should give an expression of opinion as to the disposal of the bodies and clothing of those that

die of the disease. I think we should not go on burying the remains of those who die of such diseases as smallpox, cholera and typhus. I think the bodies and the clothing should be destroyed by fire. It has been suggested that a committee should be appointed to prepare resolutions offering suggestions to the department as to the proper means of carrying out the idea which I have just been endeavoring to express.

Dr. J. A. Mullen: I think the committee should deal with the question as a whole.

Dr. Bray: I think this should be referred to a committee who will consider the matter thoroughly and report to the meeting, and the report will then be forwarded to the department.

Dr. J. E. White (Toronto): I think the meeting should consider whether they are not reflecting on the officer of the department, who may be taking steps to do exactly what is now recommended to be done.

Dr. Bray: It would be indorsing his action.

Dr. Cameron moved that a committee be formed for the purpose of drawing up resolutions embodying the suggestions of this meeting on the subject.

The motion was agreed to, the committee appointed, and the meeting adjourned till to-morrow. The committee were: Dr. Bergin, chairman; Dr. Bryce, secretary; Drs. Dickson, Christie, Cameron, Playter, Milne, Lachapelle.

The committee brought in the following report, which was considered clause by clause, and adopted without amendment:—

(1) That in the opinion of the Association the time has come when public health interests demand the appointment of a permanent executive officer to supervise all matters relating to public health, such as quarantine and vital statistics, which are by law in charge of the Federal Government.

(2) That quarantine regulations should be made applicable to the protection of all the internal borders of the country, and that houses of observation and detention of suspects and hospitals for the treatment of the sick be supplied and equipped at Niagara and similar border points.

(3) That in view of the constant danger from clothing and baggage of immigrants, drying chambers should be constructed on every passenger ship, and their use enforced after the clothing and baggage are placed in the disinfecting solutions.

(4) That isolation rooms be supplied on the decks of all passenger ships for the treatment of those sick of suspected contagious diseases.

(5) That all passenger vessels be required to supply themselves with sterilizing apparatus for water for drinking purposes, such as that of West, used at the Philadelphia quarantine.

(6) That at quarantine stations all personal

clothing, bedclothes, towels, etc., from the sick should be immediately placed in the disinfecting solutions, and that mattresses, pillows, etc., be burned immediately after use, unless steam disinfecting appliances are at hand.

(7) That at whatever ports immigrants are to be permitted to land it is absolutely necessary : (1) that facilities exist for housing and proper accommodation of suspects both from steerage and cabin, as well as for hospital accommodation, and extra tent accommodations should be always available ; (2) that proper and sufficient bathrooms be supplied at every station where suspects can safely and comfortably wash ; (3) that a safe and adequate supply of wholesome water be always on hand ; (4) that modern latrines, with proper conveniences for the observation of the dejecta of the subjects, be supplied ; that after disinfection the sewage from the latrines be disposed of in a manner that will insure perfect safety ; (5) that furnaces and fans be fitted up either on the wharf or on the quarantine steamer, whereby holds and cargoes of ships can be rapidly and thoroughly disinfected ; (6) that at every station where there is no deepwater wharf, safe and commodious steamers be provided for landing passengers, and for patrol observation and other quarantine purposes ; (7) that ample bedding and clothing be provided at every station to supply the necessities of persons landed from the ships ; (8) that the means for the safe and speedy disposal of the dead at quarantine stations have been given careful consideration by your committee, and it is of opinion that the ordinary practice of burial employed in the past at such stations as Grosse Isle may, if continued, be attended with danger, and would hence tend to render these stations unfit for continued use as such, and under these circumstances it is believed that cremation of the dead is the best way of securing the safety of the living ; (9) that, in view of the imminent danger of cholera reaching America in 1893, the Association is of opinion that the Government may very properly consider the expediency of preventing immigration to Canada from infected countries ; (10) that, in the opinion of the Association, it is a matter for regret that, though it is twenty-five years since Confederation, no Government executive officer has yet been appointed to the charge of quarantine and other Federal health matters, and the Association urgently presses the immediate appointment of such an officer, in order that the foregoing recommendations be carried out with the greatest possible rapidity, and that such officer should be a man of the highest scientific attainments, a well-known sanitarian, and one devoted to the work.

THURSDAY MORNING,

September 22nd, 1892.

The President, Dr. Bray, in the chair.

Dr. J. E. Graham, of Toronto, opened the discussion in medicine by reading a paper on "Treatment of Pulmonary Tuberculosis." This paper was an exhaustive *résumé* of the treatment of phthisis as understood and taught to-day. Dr. Graham has fortunately spent the whole of last summer in Switzerland, and while there gave a great amount of attention to the prophylactic treatment of this disease, and he gave the Association the full benefit of his investigations. He concluded by saying that we ought to be encouraged by at least two circumstances : (1) The great number of cases of healed tuberculosis, as demonstrated by the *post mortem* room. Osler found evidence of such present in 7.5 per cent. of those persons who died of diseases other than phthisis. Bouchard makes the statement that in 75 per cent. of the sections at the Paris morgue, some signs of previous disease had been found. In many cases, too, there had been a complete cure, as no cultivation nor successful inoculation could be made from the nodules. It is also a curious fact that in some instances where baccilli have been found, they will neither grow nor produce the disease in animals. (2) Many physicians of long experience can point to cases of complete cure. These facts ought to impress us with the importance of making an early diagnosis, so as to place the patient under the most favorable conditions possible, and at the same time ought to stimulate us in the discovery of new and better methods, so as to still further reduce the number of unsuccessful cases. "By intelligent and persistent efforts to destroy the baccilli, or to prevent their entrance into the body ; by general sanitation ; by the careful management of individuals who have a hereditary predisposition ; and by the open-air treatment, if possible, in special hospitals, for incipient as well as advanced cases, the ravages of the disease would, in my opinion, be diminished by one-half, and perhaps to a much greater extent."

Dr. L. Bulkley, of New York, read a paper on "Lupus Erythematosus." The paper was discussed by Drs. J. E. Graham, F. Shepherd and F. Strange, who all agreed that if the results claimed for the treatment should continue, a troublesome complaint was about to be conquered, but that sufficient time had not elapsed to pass judgment.

Dr. T. Johnston Alloway, of Montreal, then read his paper on "The Dependence of Abnormal Eye Conditions upon Uterine Disease." The discussion was brief. Dr. Dupuis remarked that in almost every case reported the round ligament had been shortened, and asked Dr. Alloway to describe his operation, which was done.

The next paper on the programme was the discussion in surgery, which was opened by Dr. D. MacLean, of Detroit, in a very elaborate paper.

Dr. H. V. Moore continued the discussion, and I referred kindly to the fact that he had been a pupil of Dr. MacLean's when he was professor in Queen's College, Kingston, that Ann Arbor had taken him away from us, and that which was our loss was their gain.

Drs. R. A. Reeve, Dupuis, and Hon. M. Sullivan paid eulogies to Dr. MacLean and his work.

Dr. Hingston took exception to some of the remarks that Dr. MacLean had made about lithotomy and lithotripsy, also about the relative advantages of internal and external urethrotomy, which brought Dr. MacLean again to his feet to defend his position. A vote of thanks was tendered for the interesting and scientific paper.

Dr. J. G. Balfour, of London, read a paper on "Administration of Chloroform and the Dangers Incident Thereto." Dr. James Grant, the acting chairman, in opening the discussion, referred to the uses of chloroform in the final stage of labor, and extolled it greatly. The discussion was continued by Drs. MacLean of Detroit, Hill, MacLaren, and others.

Dr. F. Shepherd, of Montreal, presented a unique case of nerve suture, in which the brachial plexus had been severed, and the different branches united after some months having elapsed since the accident. The condition had very materially benefited by the operation. It elicited remarks from Drs. Dewart and Hill of Ottawa, who had seen the case prior to the operation.

Dr. F. Shepherd also read a paper on "Intussusception, and its Treatment by Operation," in the discussion of which Drs. Hill, Bergin, Christie, and others took part.

Dr. Harrison, of Selkirk, presented a report of a case of "Gunshot Wound of the Abdomen," which was discussed by Drs. Jas. Bell and I. H. Cameron.

Dr. Harrison, of Selkirk, opened the discussion in obstetrics, in the absence of Dr. J. Chalmers Cameron, of Montreal (who was to have opened the discussion), and apologized for the fact that as he was supposed to follow Dr. Cameron's lead, and that he had not known what line would be followed, he had not prepared his remarks; but even in the impromptu remarks that he made, a wonderful amount of good, sound advice, plain statement of facts, as well as a review of obstetric operations since his early professional life, were embodied, and it was one of the most enjoyable half hours of the meeting.

Dr. Macell, of Toronto, presented a specimen of bowel from a case that he had invaginated some days previously in Toronto.

The meeting was then adjourned—the next meeting to be held at London in September, 1893.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Annual Meeting, October 14th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

The annual meeting for the session 1892-93 was held in the rooms of the Society, 14 Phillips Square, on the above date. There were present: Drs. F. W. Campbell, A. Laphorn Smith, Lachapelle, J. C. Cameron, Alloway, James Bell, J. A. MacDonald, A. D. Blackader, Shepherd, Guérin, Gurd, G. T. Ross, Wesley Mills, Reed, J. J. Gardner, James Stewart, Lafleur, E. H. Blackader, Kirkpatrick, Springle, Williams, G. G. Campbell, E. A. McGannon, McCarthy, Foley, Shanks, Thompson, Vipond, Bruère, McBain, J. Elsdale Molson, Evans, Hamilton and Kenneth Cameron.

After the minutes of the preceding regular meeting had been read and confirmed, Dr. C. W. Wilson, Dr. A. G. Morphy, Dr. D. J. Evans, and Dr. R. K. Pattee, of Vankleek Hill, were elected ordinary members of the Society.

A Case of Pyelo-nephrosis simulating Psoas Abscess.—Dr. E. A. MCGANNON, Brockville, read the following report and exhibited the specimens:

W. B., aged 34, bookkeeper. About five years ago, in the course of an examination for life insurance, a small amount of albumen was discovered in his urine. The microscope showed pus cells, but no casts. A second examination, at an interval of a week, gave the same results. The pus was thought to arise from the bladder, and under a bland diet and the use of Lithiated Hydrangea for several weeks the albumen entirely disappeared from the urine. At this time he had no symptoms, and expressed himself as feeling perfectly well. He continued to obtain good health until two and a half years ago, when I was called to see him, and found him suffering with pain in his right side, which extended down into the groin and right testicle. The pain was constant and kept increasing in severity; soon the right thigh became drawn up; later, signs of an abscess were found in the right groin, it pointing first, above, and later, below Poupart's ligament. Not being able to satisfy myself that I had a psoas abscess to deal with, and wishing to give the patient and his friends the benefit of other advice, Dr. Bell of Montreal was called in consultation. He gave it as his opinion that we had a psoas abscess to deal with. It was accordingly incised, pus evacuated, and a long drainage tube inserted. Pus continued to drain through this tube, the patient gradually getting stronger until he was able to resume work; and at the end of a year or more was in good health, except for the annoyance of the tube, which he continued to wear. Last spring he began to have swollen legs and feet. On examining the urine, it showed

about 50 per cent. albumen and (microscopically) pus cells and casts. He then suffered severely with irritative dyspepsia. Since that time he has had several attacks of acute nephritis, followed by general dropsy. During the last attack, acute pleuritic and pericardial effusion supervening, death took place in less than twenty-four hours. A partial autopsy only was allowed. The abdomen was opened, and on following up the sinus from its opening in the right groin, it was found to pass beneath the sheath of the psoas muscle, terminating on the posterior surface of the right kidney. The walls of the tract were firm and smooth, and at no place did it communicate with carious bone. On removing the right kidney it was found to be small and surrounded by a mass of firm adhesions, which could be broken down only with great difficulty. The left kidney was large and easily enucleated. Bladder normal; vertebrae and intervertebral discs normal. The right kidney was small and firm; the capsule was much thickened and firmly adherent. On the posterior surface was a small sinus leading down to the pelvis of the kidney. On section, the kidney substance was found to be destroyed, its place being taken by firm fibrous tissue. The pelvis was found filled with pus, and in its sacculations small calcareous particles were found. The right ureter was much thickened. The left kidney was much enlarged and congested, the capsule easily removed. On section, the cortex was seen to be thickened and its blood-vessels engorged.

DR. BELL said that when he saw the patient with Dr. McGannon there was an abscess pointing in the iliac fossa which presented all the appearances of a psoas abscess. He was surprised to hear of the result of the autopsy.

DR. SHEPHERD mentioned a case of empyema, which, at the autopsy, was found to be due to a nephritic abscess bursting into the pleural cavity. The case will be reported in full at a later date.

Scirrhus of the Breast.—DR. LAFLEUR exhibited a breast removed by Dr. Bell, from which the nipple had entirely disappeared, its place being taken by a large ulcer, one inch in diameter, with pigmented raised edges and a yellow firm base three-quarters of an inch below the surface. On section it was seen that very little of the gland tissue was left, its place being taken by a new growth of a light pinkish color, which was easily scraped with a knife, but at the edges it was almost cartilaginous; there were some glands in the axilla enlarged. Histologically it is an ordinary scirrhus, plentiful stroma, with cells of an epithelial type in the alveoli. The peculiarity of the case is the predominance of the ulceration over the new growth, which condition is rather uncommon.

DR. BELL said that the patient from whom

the breast had been removed was 64 years of age. She was not very intelligent; so a satisfactory history could not be obtained. Three years ago a small sore appeared at the edge of the nipple; two months ago it became as large as the end of the finger, when it turned black and sore, apparently a gangrenous process; no caustics had been used.

Two Cases of Septic Peritonitis.—DR. LAFLEUR exhibited the intestine from a man who had died of a septic peritonitis, set up by the perforation of a typhoid ulcer. Clinically the case was one of the ambulatory type, the man had been ailing for about a month. The ulceration was of about three weeks standing, and was not very extensive, the ulcers being few in number, small and scattered, none being confluent, most of them had cleared off, but some still had the slough adherent. About two feet from the ileo-caecal valve there were some recent patches, with swelling of the whole or portion of the Peyer's patches. The perforation was situated two and a half inches above the valve, ulceration had taken place down to the serous coat, and the perforation was a tear one millimetre broad and three long, extending in the longitudinal axis of the bowel, which is rather uncommon. There are three varieties of perforation—the pin-hole perforations, the linear slit in the floor of the ulcer, often due to the tearing of the oedematous coat of the bowel during active peristalsis. He (Dr. Lafleur) had never seen a case in which the whole floor of the ulcer gives way as described by some authors.

The second specimen was from a case of septic peritonitis due to a sloughing appendix. The abdomen was distended, and exhibited a fibro-purulent peritonitis, the whole visible cavity was filled up with coils of small intestines much distended. There had been no escape of intestinal contents, so it was a case of purely septic peritonitis. The character of the peritonitis varies with whether there are faeces in the peritoneal cavity or not. When a perforation of a typhoid ulcer occurs, it not infrequently happens that the patient dies from collapse before any very marked inflammatory action takes place in the peritoneum. The most typical fibrino purulent peritonitis occurs in disease of the appendix, in which there is no escape of faeces into the peritoneal cavity.

DR. BELL said that the patient had first complained on Saturday last of heart-burn, but no fever occurred until Monday, when he was brought to the hospital and the operation was performed at ten at night. The appendix was three inches long, and about its middle there was situated a sloughing area through which was oozing a stinking serous fluid; at the site of the ulceration was found a concretion about the size of a white bean. Patient lived thirty-six hours after the operation; there seemed to

be paralytic intestinal obstruction, as no flatus was passed.

DR. SHEPHERD thought that this was one of those fulminating cases which seem to be fatal from the onset, and in which operation gives no relief. He recalled a similar case which he had reported last year. Both were rapid, were unrelieved by operation, and had dark vomit. He thought that such cases should not be classified with those of simple abscess.

Laparotomy for Intestinal Perforation in Typhoid Fever; Death. — DR. JAS. BELL reported this case, as follows:—

Lilly S., aged 18, was admitted to the Montreal General Hospital, under the care of Dr. Stewart, on the 2nd of October. Diagnosis: typhoid fever, tenth day. Temperature range, 100° to 104°F. No special symptoms, but decided tenderness in the right iliac fossa. On the night of the 4th (about midnight) she complained of great pain in the abdomen, and had four diarrhoea stools. This pain continued increasing in severity during the day of the 5th, and at 8 P.M. vomiting set in. From that time she retained nothing in the stomach. The temperature, which had varied from 101° to 103° during the day, fell at the same time (8 P.M.) to 98°. She had a very bad night, and when I saw her next day (6th), at 3 P.M., at Dr. Stewart's request, she was evidently in great distress. The abdomen was considerably distended, excessively tender all over, and tense and hard to the touch. There could then be no doubt of the existence of a general peritonitis. I immediately decided upon operation, but did not feel justified in proceeding without the consent of her friends. Having obtained this consent, I proceeded to operate at 10 P.M., twenty-six hours after vomiting had set in with fall of temperature, and about forty six hours after the first sudden onset of pain and diarrhoea. Assisted by D.s. Roddick and Shepherd, I opened the abdomen in the right iliac region along the outer border of the rectus muscle. There was a copious flow of putrid, sero-purulent fluid, containing white flocculi,—in all, I should judge, between one and two pints. This was washed out thoroughly with warm boiled water, when the appendix vermiformis was brought out and examined. It seemed healthy, and was returned, and the ileum carefully withdrawn, beginning at the caecum. The intestines, as far as they were examined, were all congested, livid, and adherent with recent lymph. About ten inches from the caecum, in a thick, firmly adherent layer of lymph, a round opening, about two mm. in diameter, was found on the free border of the bowel, from which liquid faeces exuded. This portion of the bowel was brought outside the abdomen, the lymph stripped off, carefully washed, and sponged over with sublimate-solution (1-2000). It was then closed by a

continuous Lembert suture of fine silk (double row), running transversely across two-thirds of the circumference of the bowel. The bowel was then returned, and the abdominal cavity in the neighborhood, especially the pelvis, was again flushed with several quarts of warm boiled water, a large rubber drainage tube inserted well down into Douglas' fossa and the abdomen closed. The patient stood the operation well, and rallied promptly. She passed wind by the rectum several times during the night, and there was no more vomiting. Next day she was very restless and delirious, and died at 6.40 P. M., twenty hours after operation. Dr. Hamilton, who made the autopsy, reports having found the perforation completely closed and with no evidence of subsequent leakage, and a very extensive general peritonitis, with much lymph and sero-purulent fluid.

Dr. Bell stated that the statistics of this operation, as given by Van Hook in an article published in the *Philadelphia Med. News*, Nov. 21st, 1891, shows that up to that time nineteen cases had been operated upon with four recoveries. Of these, however, the diagnosis is said to have been doubtful in the first three cases of recovery—those of Mikulicz, 1884; Escher, 1886; and Taylor, 1891; leaving only one undoubted case (that of Van Hook) of recovery after operation for typhoid perforation. Of course the operation, to be successful, must be done early, hence the necessity for close observation and early diagnosis, as operation offers practically the only hope of saving life in these cases. Median incision is generally recommended and suture in the long axis of the bowel.

The minutes of the last annual meeting were now read, and the President called upon the officers for their reports.

THE TREASURER (Dr. J. A. McDonald) reported that the receipts were \$1,019.18, the expenditure \$855.40, leaving a balance of \$163.78 in the funds of the Society.

THE SECRETARY (Dr. Kenneth Cameron) stated that at the beginning of the session there were 98 ordinary members and 6 temporary members; 10 new members were elected, and one member died during the year,—thus making a total membership of 113. Eighteen regular and two extraordinary meetings had been held, the average attendance being 30, a greater number than in any previous year—the maximum attendance at any meeting being 40, and the minimum 20. Four important deputations were appointed during the year; the first met the City Council for the purpose of recommending the appointment of a sanitary engineer for the city; the second met the members of the Local Government at Quebec to urge the appointment of a coroner's physician for the city and district of Montreal;

the third met the members of the Federal Government, to impress upon them the necessity of a thoroughly equipped quarantine service as a means of preventing the introduction of Asiatic cholera into the country, and the fourth met the members of the Board of Health of the city to point out many defects in the sanitary condition of the city and to recommend steps to be taken to overcome them.

The LIBRARIAN (Dr. Reed) submitted the following report: I have the pleasure to report that a marked increase in the use of the reading-room and library has been noted during the year 1891-92. It is much to be desired that superior accommodation for readers should be provided in the new rooms which the Society will be obliged to obtain. It is also evident that more journals and works of reference would greatly add to the attractiveness of the department. The journals have been maintained as before, and the valuable series of London, Philadelphia, New York and Montreal publications have been kept up by binding. The promise of additional reading matter has been made by an esteemed ex-president of the Society.

The address of the retiring president was announced for the next meeting.

The reports were adopted, and votes of thanks to the retiring officers were carried.

The PRESIDENT then called for nominations for office-bearers for the ensuing year, and the following were elected:—

President—Dr. James Stewart.

1st Vice-President—Dr. E. P. Lachapelle.

2nd Vice-President—Dr. James Bell.

Secretary—Dr. Kenneth Cameron (re-elected).

Treasurer—Dr. J. A. MacDonald (re-elected).

Librarian—Dr. T. D. Reed (re-elected).

Council—Drs. F. Buller, F. W. Campbell and T. G. Roddick.

SIXTH ANNUAL MEETING OF THE AMERICAN ORTHOPÆDIC ASSOCIATION.

SYNOPSIS OF PROCEEDINGS.

The Association met at the New York Academy of Medicine, Sept. 20, 21 and 22, 1892. Dr. Benjamin Lee of Philadelphia, President, in the chair.

After the address of the President, a lengthy programme of nearly 50 papers was taken up. Necessarily many papers were read simply by title, and will appear in the *Transactions*.

The hip-joint received a large share of attention, there being presented a paper by Dr. A. M. Phelps of New York: *Experiments Demonstrating the Etiology of the various Deformities in Hip-joint Disease*. A large number of dissections had been made and were shown. It was claimed—(1) That in early

hip disease *flexion* and *abduction* occur because the fibres of the joint capsule run in a direction downward and inward, so that in the position assumed the fibres are relaxed and the inflamed joint is thus put at ease. (2) That when flexion to the extent of 20 degrees has occurred, the external rotators represented by the gemelli and obturator group and the gluteus maximus do not continue to act as external rotators but as abductors, and that the anterior portions of the glutei and the tensor vaginae femoris now act as flexors and internal rotators. (3) There being now but little opposition to the adductors and internal rotators, the limb assumes the position of adduction and flexion in which it is found in the advanced stage of hip disease.

There was but little exception taken to the propositions laid down by Dr. Phelps, and it was uniformly conceded that the paper was a most valuable contribution to the anatomy and surgery of the hip-joint.

Other contributions on this subject were:

Adduction following Fracture of the Neck of the Thigh Bone, by Dr. Hodgen, St. Louis; and

Report of a Case of Spontaneous Dislocation of the Hip joint, by Dr. B. E. McKenzie, Toronto. A woman, 21 years of age, in rather poor general health after the birth of her first child, suffered from subacute rheumatism, and was confined to bed two months. During that time she sat up much, keeping the right knee drawn up nearly to the chin and the hands clasped over it. Three months after her first confinement to bed, examination revealed a dislocation of the head of the femur upon the dorsum ilii. The dislocation was easily reduced under chloroform and kept in position by the wearing of a Thomas' hip splint. A year and a half afterwards there is found to be ankylosis, no shortening or other deformity, and no atrophy.

A paper presented by Dr. Royal Whitman of New York proved to be one of great interest: *Observations on the ultimate Deformity of Potts' Disease*. Dr. Whitman showed a case in which he is employing the Taylor spinal brace with modifications. Proceeding upon the proposition that in the normal erect attitude a perpendicular line passing through the tarsus should pass through the acetabulum and the mastoid process, he aims at keeping the spine from curving forward (when disease is in the middle spinal region) in the dorso-lumbar and high dorsal and cervical regions by the employment of pads in front of the points of the shoulders, sufficiently wide to prevent the arms from being raised up in front, by two pads which keep the shoulder blades closely in contact with the posterior part of the thorax, and by a chin-piece, not intended to carry the weight of the head, but to throw the head suffi-

ciently backward to bring the mastoid processes into the perpendicular line passing through the acetabula. Several of the members had seen this case on different occasions during the last year, and claimed that Dr. Whitman was succeeding in a very unusual degree in preventing deformity.

Dr. Nicholas Grattan of Cork, Ireland, was present, and read a paper on *Osteoclasia*, demonstrating the use of his osteoclast by operating upon three cases of knock-knee and two of bow-legs. To those who admit that there is a place for osteoclasia, Dr. Grattan's instrument must commend itself as the most simple, safe and certain of those given to the profession. The general feeling, however, was that the cases must be few where osteoclasia should be preferred to osteotomy.

Two unusual cases of knee dislocation were reported: *Lateral Dislocation of the Knee-joint due to Local Disease or Paralysis*, by Dr. T. Halsted Meyers, New York; and *A Case of Complete Lateral Dislocation at the Knee due to Traumatism*, by Dr. McKenzie, Toronto.

Dr. A. J. Steele of St. Louis presented a paper which covered much ground and called out a lengthy discussion, viz., *Plaster of Paris in Orthopædics*. For spinal cases Dr. Steele preferred leather, wet, and applied so as to fit accurately and then heated to a temperature of 210°F. Dr. Phelps claimed that there was no fixation equal to that obtained by the proper use of plaster-of-Paris. There are many who use it, but do not get the good results that might be obtained because they do not know how to employ it. As a retentive dressing in the treatment of club-foot, Drs. Steele, Phelps, McKenzie, Gillette and others considered it superior to all other means. Drs. Ketch, Judson, Taylor and Schaffer prefer to use various forms of steel club foot shoes, on the ground that they are more readily removed so as to employ massage to the foot.

Dr. Bradford of Boston presented a most exhaustive and lucid statement of the question of the *Treatment of Resistant Club foot*. At all ages there are cases where, under an anæsthetic, the foot may be replaced in the corrected position by force alone, without any cutting, employed simply by the hand or various forms of leverage. The next class of cases is found where there are resisting tendons or bands of fascia which may be cut subcutaneously before torsion is applied. Next there comes a class of cases where it is necessary to make an open incision in order to divide the resisting structures more completely, and because the skin is too short to permit correction to be made. Then in some cases correction cannot be fully made, even when all the resisting soft structures have been cut. Under these circumstances Dr. Bradford prefers to remove a cuneiform section from the outer border of the os

calcis. Various bone operations, however, have been recommended. Dr. Morton had presented some good cases operated on by removal of the astragalus, and Dr. Bradford had followed his lead, but had concluded that its removal was not justifiable except as a last resort. The cuneiform section taken from the outside of the foot should never be done as a primary operation, and least of all the removal of the astragalus.

Dr. Phelps followed, reviewing the ground most thoroughly, and claiming that there was nothing in Dr. Bradford's paper which had not been taught and published by him (Dr. Phelps) several years ago.

Dr. Grattan and Dr. McKenzie pointed out that there were cases that could not be restored by any of the foregoing methods, cases where, in spite of the fact that the foot *per se* was fully restored to its normal shape, the patient toed inward, there being evidently a twist in the limb in some part. Dr. L. A. Sayre, Dr. Hetch and Dr. Vance recommended carrying a brace upward to the thigh, and even to the body, in order to turn the foot outward. Dr. McKenzie, in reply, claimed that such treatment must be ineffectual, inasmuch as apparatus applied about the thigh would turn inward as the foot turned, and if applied about the pelvis would turn the foot outward, by causing external rotation at the hip, and would not make correction where the deformity existed. Dr. Grattan recommended osteoclasia of the tibia and fibula, and then placing the foot in the position desired. Dr. Phelps recommended an apparatus devised by Beely of Berlin for children, by which the leg was kept flexed upon the thigh, so that the tendency of the foot to turn inward could not rotate the thigh portion of the appliance, and in older persons osteotomy of any part in which the twist was found inmost marked. Dr. McKenzie took exception to Dr. Phelps' method of operation in which he makes his first step the cutting of the Achilles tendon, on the ground that it is now much more difficult to correct the varus — always the difficult thing to accomplish successfully. He was sustained in this criticism by Dr. Steele of St. Louis and Dr. Goldthwaite of Boston. Dr. Phelps assigned as his reason for so proceeding, because in one case in every ten there was a very strong, deep ligament connecting the posterior part of the tibia to the os calcis, and as this could not be cut without great danger of wounding the posterior tibial artery, it had to be ruptured, and must be done while the plantar surface of the foot remains intact.

Dr. Moore of Minneapolis presented a *Report of Six Cases of Excision at the Knee Joint*, recommending a careful selection of suitable cases and the high incision, four inches above the patella. Dr. Griffiths of Kansas

criticized some of the cases as being too radical, an arthrectomy being the operation that was indicated. Dr. Phelps said that arthrectomy had been introduced with a hope of curing the disease, and at the same time getting a more able joint. The best surgeons were now agreed that it was better never to try to get movement after operation at the knee, and when operation in the adult was indicated, excision should be performed after Fenwick's method, rounding the femoral segment and hollowing out the tibial so as to get accurate coaptation, avoiding the insertion of nails, if possible, as a means of securing fixation. Under ten years, excision should be performed. If operation is demanded, better amputate.

Progress of Science.

TAX ON QUACKS.

The recent suggestion of the Secretary of the Treasury, that the tax on alcohol be increased fifty cents per gallon, in order to raise more money for the increasing expenses of the Government, seems to have met with a favorable response in some quarters, and the question of tariff and taxation will no doubt be considerably discussed by Congress in the near future.

In this connection the wisdom of putting a heavy and permanent tax on all forms of nostrums and quackery will at once commend itself to all wise legislators who are working for the public good. A stamp tax of this kind, say twenty-five per cent., on every form of secret or proprietary medicinal preparation of any kind, whether sold by the retailer, proprietor, manufacturer, or by advertising quack specialists, would be no hardship to the public, as it would in no wise affect the retail price of these articles. All such manufacturers could easily afford to give the Government twenty-five per cent. of the retail price and still have a very handsome profit left, as their net profit is rarely less than five hundred per cent., and often very much more.

Legitimate preparations of the Pharmacopœia and other standard preparations where the complete working formula is public property should be exempt. But as the success of quackery depends on secrecy and mystery, and as these two conditions enable unscrupulous persons to get a dollar for a few cents' worth of a simple remedy, it will be seen that there would be no injustice to anyone if a good fair tax were put on the business.

If the Government went still further and required all nostrum and secret medicine manufacturers to pay a big license, and place on

record open to public inspection a sworn statement of the exact composition, together with a complete working formula of each preparation, much good would result. And if, like insurance companies, they were also required to furnish heavy bonds or make a special deposit, which could be forfeited under proper restrictions, provided their medicine did not do all that was claimed for it, the public would be still better protected both in health and pocket, and no injustice would be done to the honest manufacturer of articles of real merit.

There is no good reason why the Government should not place the nostrum business on the same basis in its Internal Revenue Department as the manufacture of whiskey and tobacco. Analyses of these preparations should be made from time to time, and heavy penalties imposed if they vary from the sworn formula on record, or if any dangerous drug like morphine is being used.

England, which is said to be a free trade country, taxes the nostrum business heavily, and derives a large and growing revenue from that source.

EPISTAXIS, AN EASY AND EFFECTUAL METHOD OF PLUGGING.

Undoubtedly plugging the nares by aid of Bellocq's cannula is an excellent method; but occasionally, especially in country practice, a Bellocq's cannula is not at hand, and some method easy, effectual and effected by material always within reach must be resorted to. Such a method I have found in the following: A piece of old, soft thin cotton or silk, or oiled silk, about six inches square (a piece of an old handkerchief will answer), is taken, and, by means of a probe, metal thermometer case, or penholder, or anything handy, is pushed centre first, "umbrella fashion" into the nostril, the direction of pressure when the patient is sitting erect being backward and slightly downward. It is pushed on in this fashion until it is felt that the point of the "umbrella" is well into the cavity of the naso-pharynx. The thermometer case or probe, or whatever has been employed, is now pushed on in an upward direction and then towards the sides, so as to pull more of the "umbrella" into the naso-pharynx. The thermometer case is now withdrawn. We have now a sac lying in the nares, its closed end protruding well into the pharynx behind, and its open end protruding at the anterior opening of the nares. If it be thought necessary, and is convenient, the inside of the sac may be brushed with some household astringent, such as alum solution, turpentine, etc. A considerable quantity of cotton-wool is now, by means of the thermometer case, pushed well back to the bottom of the sack. Then the thermometer case being

held firmly against the packed wool, the mouth of the sac is pulled upon, and thus its bottom with the wool packed in it is pulled forward, and forms a firm, hard plug wedged in into the posterior nares. We may now pack the sac full of cotton-wool, dry or soaked in some astringent solution. The mouth of the sac may now be closed by tying it just outside the nostril with a piece of strong thread; it is then trimmed by scissors and the ends of the thread secured outside.

The above method is easier than any I know when both nostrils have to be plugged. It might be suggested to oil the cotton or silk in order to render its introduction easy and to prevent it adhering to the mucous membrane, and to render it easy of removal; but I have never found any difficulty without the oil, as the blood renders the material wet and easy of introduction, while the oil does not facilitate removal, and may modify the effect of the astringents that may be used. The plug may remain in situ as long as any other nose plug. In removing the plug, open the mouth of the sac, and with small dressing forceps remove the cotton-wool bit by bit; if there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and repack with clean cotton-wool, or wool impregnated with some antiseptic. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane, syringe in a little warm water, and it may then easily be removed. This method has many advantages: (a) It is easy, quickly accomplished and effectual, and the materials are to be found in every house, and, indeed, about everybody's person (I have plugged in this manner, simply using a handkerchief, one part of which was used for the sac, and the other torn into narrow strips, in place of the cotton-wool); (b) no damage is done to the floor of the nose or back of the soft plate by strings, etc.; (c) no disagreeable hawking, coughing or vomiting takes place while the plug is introduced; (d) there are no disagreeable strings left hanging down the throat, causing coughing or sickness while the plug is in; (e) the plug can be removed gently without any force, so that no damage is done to the mucous membrane and no return of hemorrhage caused. I employed this method frequently when in country practice, and do so now in bleeding after operation on the nares, and have always found it to be satisfactory. As the method has been of great use to me, and as I am not aware that anyone has spoken of it before, I take the opportunity of mentioning it, in the hope that it may be of some use to some brother practitioner when confronted by an urgent case of epistaxis, and other means of plugging are not at hand.—Philip, in *The Lancet*.

ENURESIS.

418. R. F. (*Das Rothe Kreuz*, No. 19, 1892) warns against punishing children for bed-wetting. He suggests that the cause usually is hardened smegma under the prepuce or a malformation of the prepuce calling for circumcision.

He also attributes it to intestinal worms, which may be removed by giving on two successive evenings santonine 2 or 3 grammes (30 to 45 grains) with sugar, and castor oil on the following mornings.—(A dangerous dose. Ed. REC.)

Stone in the bladder may also produce enuresis.

When the cause of bed-wetting is not ascertainable, he recommends reducing all fluids to a minimum and giving the child nothing to drink after 4 or 5 P. M. He urges that the child be encouraged to void its bladder immediately before going to sleep and in the early morning.

To render the dorsal decubitus impossible, he advises enveloping the child's waist in a towel and adjusting therewith a hard substance over the spine. Light bed-clothing must be employed.

Exercise in the open air is recommended, attention being given to keeping the feet warm. Flannels should be worn next to the skin. Cold spongings morning and evening render good service, especially if a little table-salt is added to the water used. Then friction with a coarse towel, applied especially to the spine, is advised.

Little or no meat is to be allowed.

Belladonna is recommended on account of its tendency to paralyze the vesical muscles. He gives 3 or 4 drops of the tincture in lemon-juice, morning, noon and night for a considerable time.—(*Condensed Extracts*.)

QUININE IN DISEASES OF THE RESPIRATORY ORGANS.

429. Iglesia (*Der Kinde-Arzt*, October, 1892) says that quinine proves useful:—

1. In all cases of larvated asthmatic affections of a pernicious character;
2. In broncho-pneumonia, quinine in combination with preparations of ammonia, alcoholic remedies, etc., is indicated;
3. In whooping-cough quinine frequently yields good results;
4. In pulmonary hæmorrhages and pulmonary congestions the salts of quinine act as hæmostatics.—(*Condensed Extracts*.)

SYRUPS (PRESERVATION OF).

440. The *Drogisten Zeitung* (Leipzig, September 16, 1892) recommends the following methods for the preservation of syrups:

1. Pour hot syrup into bottles, filling them to the top without leaving space for corks.

Cut a disc of very thick filtering paper larger than the circumference of the mouth of the bottle, and cover it therewith. The disc becomes saturated with the syrup, and as the syrup is reduced in volume by cooling, the discs are forced into the necks of the bottles by atmospheric pressure. The syrup taken up by the filtering paper soon evaporates, leaving a crust of sugar which hermetically stops the bottle, preventing admission of germs and rendering fermentation impossible. When the syrup is to be used, the sugar and filter-paper disc may be cut out with a knife.

2. Fruit juices may also be preserved by filling the cleared juices into long-necked, dried bottles, then heating them to 70 (158 F.), pouring a little alcohol on top and corking quickly. The alcohol evaporates and drives the air out of the neck.

3. To each $4\frac{1}{2}$ litre (1 gallon) of juice, add a teaspoonful of the following mixture :

Boric acid... 6 parts.
 Borax..... 3 "
 Sugar..... 3 "
 Glycerine.... 2 "

—(Condensed Extracts).

UTERINE MYOMA.

447. ELECTRICITY. — Schaeffer (*Therapeutische Monatshefte*, September, 1892) reports the results of treating 48 cases of uterine myoma by the electrical method, which the author thinks is singularly proper to be relegated to the general practitioner, as it requires neither special technical nor theoretical acquirements. The only difficulty presented is in the diagnosis.

In employing electricity the author adheres to the essentials of Apostoli's method. He considers them as follows :

a. The highest possible current strength, *i.e.*, as strong as the patient can bear without decided pain. Schaeffer employs at least 70 milliamperes, and often increases them to 230 m. a.

b. The abdominal electrode must be as large as possible (600 square centimetres), as thereby the pain to the skin is reduced.

c. The treatment must be continued persistently. Apostoli has shown that the seances necessarily must be very many (up to 50), therefore it is unjust to speak of negative results after 3 or 4 ineffectual sittings. 20 sittings are a moderate number, and often suffice.

d. The active electrode must be employed as an intra-uterine sound. Even when its introduction is difficult, Schaeffer reprobates vaginal puncture, as it is not free from danger.

Schaeffer deems the following as non-essentials in Apostoli's method:—

a. The selection of the metal of the intra-uterine sounds. He uses aluminium.

b. The material of which the abdominal electrode is made, as it may consist of Potter's clay or a moss-pillow covered with linen. The author uses the latter.

c. Painfully exact antisepsis of the cervix, so strongly urged by Apostoli, is not essential. The author deems it not only unnecessary, but liable to produce recurrence of perimetritic processes, as a consequence of the mechanical traction stringent antisepsis implies.

Concerning the results, the author says that he never observed reduction in the size of the myoma. If, however, Apostoli's method cannot be deemed a means of radical cure, it possesses excellent palliative value, and, as uterine myoma itself requires no treatment except for the sufferings it produces, palliative and symptomatic results fully suffice.

Schaeffer excludes 12 of his 48 cases from conclusions, as they are not available for statistical purposes. In one of these the diagnosis was erroneous (ovarian tumor); in seven, electricity had been applied twice to four times, and in four, six to nine times. The reasons for premature desistance from the treatment were partly extraneous, partly due to impatience of the patients or alleged excessive painfulness. Schaeffer groups the remaining 36 cases thus :

Twenty cases of symptomatic cure. The symptoms of disease disappeared entirely. The periods of observation after cure vary between 5 months and $3\frac{1}{2}$ years.

Six cases of decided improvement. The most striking results in these were cessation of hæmorrhages. Some discomforts remained, hence the author does not deem himself justified to speak of them as cured.

Three cases of slight success.

Two cases of negative results.

Five cases grew worse under treatment. These five were sub-mucous myomata. The longer they were electrized the stronger the bleedings became. They were subsequently enucleated, after dilating the os with luminaria. The author consequently asserts as a principle, that the electric current is contra-indicated in intra-uterine tumors.—(Condensed Extracts.)

ARSENIC ; SPONTANEOUS COMBUSTION.

Hirschsohn (*Der Pharmaceut*, October 16, 1892) reports a quantity of freshly pulverized metallic arsenic placed in two paper bags and packed into a chip basket with straw. On account of pressure of other work, the package was left until the following morning.

The peculiar garlic-like burning odor observed on entering the room caused a search to be made, which yielded that the bags containing the arsenic were entirely carbonized, the arsenic converted into firm, glowing hot balls, and a second paper covering, in which the

bags had been placed, also partly charred and sublimed with beautiful crystals of arsenious acid. A part of the straw was also deeply browned: bottles in the basket had burst, and the escaped contents were also partly carbonized.

Hirschsohn urges that care be exercised in packing freshly powdered arsenic, lest moisture produce spontaneous combustion.

He suggests that the spontaneous combustion in the above instance may have been furthered by the slight moistening employed when the arsenic was pulverized, to prevent its dissemination, and also that the day was very humid.—*Condensed Extracts.*

BLOOD IN URINE.

DIFFERENTIATION BETWEEN VESICAL AND RENAL HÆMORRHAGE.—Ullsmann (*Deutsche medicinische Wochenschrift*, No. 32, 1892) uses the following method to distinguish vesical from renal hæmorrhage:

He washes out the bladder, then injects 50 grammes (f5 XIIss) of a 1½% solution of iodide of potassium. Fifteen minutes later he examines the saliva for iodine. If it is found, there must be epithelial defects in the bladder, *i.e.*, the hæmorrhage as well as the absorption must have taken place in the bladder, as intact vesical mucous membrane is not capable of absorption.—*Condensed Extracts.*

BURNS.

THIOL.—Bidder (*Der Pharmaceut*, October 23, 1892) recommends pure liquid thiol upon burns. He also obtained most satisfactory results from dry thiol strewn upon the burns, as he likewise did from a 10% ointment.

TREATMENT OF BURNS IN CHILDREN.—Wertheimer (*Münchener medicinische Wochenschrift*, No. 31, 1892) says that while the danger from burns is in proportion to their extent, the patient's individuality is the next important consideration. The younger the patient the greater is the sensibility, irritability and reflex excitability, and with these the greater the danger of vastly increased painful nerve-irritation producing reflex reduction of vascular tonicity and cardiac paralysis. Death results most frequently from the absorption of products (a muscarin-like ptomaine, according to Lustgarten) which act as poisons.

The main indications for treatment are:

1. To modify pain with the closest possible covering of the burned region by means of sedative and antiseptic dressings; and,
2. To calm the excessive excitement of the nervous system and at the same time counteract its paralyzing influence upon the organs of circulation.

The author treated a large number of cases

upon the above principles; some of his cases were very severe.

He immediately bathes the burned part with luke-warm boric water and then covers it with several layers of gauze, cut into broad strips, and soaked in.

R Aq. calc.

Ol. lin ââ. 50.0 (f5 XIIss)

Thymol . 0.05 to 0.10 (gr. 5/16 to gr. 1 2/3)

He covers the strips with compresses, and fastens all by means of a gauze bandage. This dressing is renewed daily.

In the course of the second week the following ointment is applied in the same manner:

R Bismuth. sub-nit . . . 9.0 (3 IIs)

Ac. boric 4.5 (gr. LXVIIss)

Lanolin 70.0 (5 XVIIss)

Ol. olivar 20.0 (5V)

407. As regards *internal treatment*, he advises abstinence from sedatives in children under two years of age; children above two years may take 0.002 to 0.004 (gr. 1/30 to gr. 1/15) of morphia at night. The author occasionally uses hydrate of chloral as follows:

R Chloral hydrat . . . 1.0 (gr. XV)

Aq. destillat 50.0 (f5 XIIss)

Syr. cort. aurant . . . 15.0 (f5 IV)

M.d.s. A dessertspoonful to a tablespoonful twice daily.

This solution he employs when, despite the small extent of the burn, general restlessness, frequent interruption of sleep and convulsive motions appear.

When the patient is quiet and apathetic, and lies with eyes closed, and shows a tendency to somnolence or other threatening evidence of collapse, morphine and chloral must be withheld.

Excitants are more important and more frequently indicated than sedatives; in severe cases their use is imperative. Aside from the sudden collapses which in adults call for rapid, energetic treatment (injections of camphor, etc.), alcoholic stimulants are required for children. They may be given as brandy with tea, Tokay wine, and in older children, Champagne.

CHLORO-ANÆMIA.

HOT AIR BATHS.—Traugott (*Wiener Medicinische Presse*, August 14, 1892) obtained excellent results in 15 cases of chloro-anæmia, with hot air baths, for whose application he directs:

"Surround the bed with barrel hoops, hang an oiled cloth over them, over these several blankets, leaving only the head exposed. Then place a wooden box lined with zinc upon the foot-end of the mattress and into the box several alcohol lamps. One or more thermometers

inserted into openings, made into the tent, give control of the heat produced which, at the first séance, is allowed to rise to 55° (139 F.); at subsequent séances it is permitted to rise 62° (143.5 F.), or even 67° (152.5 F.). During the bath, cold applications or an ice-bag are placed upon the patient's head."

After 19 to 42 such baths, the patients were well. The hæmoglobin, the specific gravity of the blood, the number of red corpuscles and the weight of the patients had successively increased; cardiac irritability, anæmic bruits, febrile attacks and neuralgic pains had diminished or disappeared. Disturbances of menstruation and other ailments dependent upon chloro-anæmia also disappeared.

[*Editorial Note.*—I have employed what seems a simpler way of administering hot-air baths. Place a large alcohol lamp upon a cane-bottom chair, cover it with one part of the elbow of a common stove-pipe, introduce the other open end under the bed-clothes, and very soon the patient will be enveloped by an atmosphere heated to 150 degrees.—F. C. V.]

CASTRATION FOR MELANCHOLIA.

The operation of castrating males for nervous and mental disorders is at last put upon a firm clinical basis. Oöphorectomy came from the South, and thence diffused its genial and unsexualizing influence over the East and North; but testectomy, if we may coin a word on so great an occasion, comes from the West. It was in 1891 that the Eastern Michigan Asylum published an annual report containing the history of a case in which the operation of castration was done for the relief of a "sickening neuralgia" of the testicles. The patient had not only neuralgia but melancholia. One of the testicles was removed, and the testicle was found diseased, but not, as we understand the description, cystic or suppurating. The patient improved, but was not cured, and so, later, the second testicle was removed. The medical superintendent, Dr. Burr, now reports that the cure is complete. It is interesting to notice that both testicles had to be removed, just as, in the opposite sex, we are told that both ovaries ought to go in order to get the best results.

Here we have a case of chronic neuralgia and melancholia in a man of fifty-seven, cured by castration. Neuralgia is very common, and so is depression of spirits. There is a fruitful field, therefore, in which ambitious andrologists may work. Shall we not soon begin to get reports of "my second series of one thousand castrations, with hints on technique?"—*N. Y. Medical Record.*

CHILDREN, AND THE WORLD'S FAIR.

The Board of Lady Managers of the Columbia Exposition has undertaken to build and

equip a structure devoted to children and their interests. A series of manikins will be so dressed as to represent the manner of clothing infants in the different countries of the world, and a demonstration will be made of the most healthful, comfortable, and rational system of dressing and caring for children according to modern scientific theories; while their sleeping accommodations, and everything touching their physical interests, will be discussed. Lectures will also be given upon the development of the child's mental and moral nature by improved methods of home training. There will be a crèche for babies and a play-ground for children.—*N. Y. Medical Record.*

ACCOUCHEMENT FORCÉ IN CERTAIN OBSTETRICAL COMPLICATIONS, WITH REMARKS ON THE TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. Egbert H. Grandin, of New York, read a paper with this title (*N. Y. Med. Jour.*). Under the advance of aseptic surgery great strides had been made in all operative procedures in midwifery, he said, and then went on to describe methods adopted by himself in cases calling for operative interference. In detailing a case of placenta previa with hemorrhage, he said that where the cervix was slightly dilated the finger was introduced, and complete dilatation effected in thirty minutes. Version was then performed, the child extracted, and the placenta removed. Gauze was then introduced up to the fundus of the uterus, thus sparing the patient all further loss of blood. Recovery was prompt. Among other cases in which a similar procedure was carried out were cases of uræmia and also slight pelvic contraction with previous labors, in which the foetus had not been born alive. The results that had attended this treatment were in contrast with those that not infrequently followed the temporizing and slower methods commonly practised. The day had come when the life of the child should no longer be needlessly sacrificed in the apparent interests of the mother; two lives could be saved by modern methods, where at least one would have been sacrificed by the older and slower procedures. The author pointed out the advantage of dilatation with the sensitive hand. The objections that had been made to accouchement forcé were theoretical rather than practical. It had been suggested that it was likely to be followed by uterine atony and serious hemorrhage. This objection would not apply in cases of placenta previa, where the object was to check existing hemorrhage. In uræmia, bleeding was useful, whether from the arm or the uterus. The author had never seen any evil result from the introduction of gauze, and he would always advise it where

the uterus failed to respond to hot injections after delivery.

In regard to danger to the cervix, he had not observed any; but, granting that it might exist, it was equally great with other methods, and taking the risk was justifiable in an attempt to save the child.—*Medical Review*.

THE EFFECT OF ERGOT ON THE INVOLUTION OF THE UTERUS DURING THE LYING-IN PERIOD

Mr. G. Ernest Herman writes as follows to the London *Lancet*: In the Transactions of the Obstetrical Society of London, vol. xxx, for 1888, will be found a paper by Dr. C. Owen Fowler and myself, in which observations are detailed pointing to this general conclusion: "That the administration of an ergot mixture during the first fortnight of the lying-in period appreciably increases the rapidity with which the diminution in size of the uterus goes on." This conclusion was reached by comparing the average rate of involution (*a*) in a number of cases, taken without selection, in which ergot was given, with (*b*) the average rate of involution in an equivalent number of cases, also taken without selection, in which ergot was not given. In the *Annales de Gynecologie*, vol. xxix., for 1888, p. 175, is published an investigation by Dr. Emile Blanc of Lyons, conducted in a very similar way, but which led him to the conclusion that "ergotine administered during the first five or ten days of the lying-in period exerts no favorable influence on uterine involution." Dr. Blanc's research was quoted at the time in several English journals. These two investigations seem to contradict one another. I desire to point out that they do not, but that, on the contrary, they confirm one another and show the real value of ergot in the lying-in period. The reason that Dr. Blanc's conclusion differs from that of Dr. Fowler and myself is this, that he chose the cases in which to test the effect of ergot. He took only cases of "normal delivery at full term, excluding premature labors, cases with febrile disturbance, and all cases needing any intervention" (p. 177). These cases excluded are just those in which the causes known to hinder involution are present. Dr. Fowler and I took cases without any selection, and therefore among ours were included cases in which the causes of subinvolution were present. Dr. Blanc's research shows that in a normal lying-in the uterus completes its involution as well without ergot as with it. The paper by Dr. Fowler and myself shows the beneficial effect of ergot in counteracting the causes which retard involution. Dr. Blanc's paper contains nothing in opposition

to this view; on the contrary, he expressly says: "Against secondary hemorrhage the drug maintains its position. Its action is more efficacious the nearer the delivery." The practical conclusion is, that while in a perfectly normal lying-in ergot, is not required, yet when any case of imperfect involution is present, or suspected to be present, ergot given throughout the lying-in period will counteract its influence, will promote involution, and should be given.—*Medical Review*.

MERCURIAL POISONING.

Prof. Albert reported a case where the patient had evidently succumbed from the disinfection practised at the operation, which had been done with sublimate.

Prof. Ludwig had made an analysis of the urine twenty four hours before death, and found a large quantity of mercury in this secretion. The symptoms were dyspepsia, the nails were pale and tender, and three formerly good teeth had fallen out. He thought such an example should warn surgeons of the danger associated with this disinfectant.

CARCINOMA.

Schnitzler showed a case of this refractory disease on the upper jaw of a patient who had come to Prof. Albert's clinic. Two years ago a periostitis commenced, forming a swelling on the gum; it burst and discharged, leaving an irregular opening; and the tissue was found to be composed of flat epithelial and carcinomatous cells.

Prof. Kundrat said this was a peculiar form of substitution and shrinking that did not occur in epithelioma, although often seen in endothelioma.

NEWS ITEM.

The "American Text Book of Surgery," edited by Professors Keen and White of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has been adopted as a "Text Book" by forty-nine of our leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physicians' libraries, and every indication points to a sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text-Book of Surgery," which will be a valuable aid to all who have this great book.

THE CANADA MEDICAL RECORD.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., I.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, JANUARY, 1893.

PATHOLOGY IN MONTREAL.

By the addition of Dr. Bruere to Bishop's College Faculty of Medicine, and of Dr. Adami to that of McGill College, the scientific department of the teaching staff in Montreal has been greatly strengthened. Dr. Bruere was for some time assistant to Prof. Rutherford of Edinburgh University, while Dr. Adami held a similar position in the University of Cambridge. In a young country like this, owing to lack of endowment, it is difficult to induce young men of talent to make the sacrifice which the devotion of their life to pure science entails, so that we are obliged to obtain such talent from the wealthier institutions of the Old World. It is greatly to be desired that some wealthy friend of science in general and of Bishop's College in particular would place this branch on a sound basis by means of a liberal endowment, so that its professor could devote his whole time to teaching and original research.

TUBERCULAR PERITONITIS.

During a recent discussion on this disease at the Medical Society of Montreal, some facts of great interest to the general practitioner were elicited. The disease is

exceedingly insidious in its onset, being sometimes mistaken for ovarian or other abdominal tumor and sometimes for typhoid fever. It is not at all hereditary, but is almost always acquired by food infection. Of the different kinds of food in which the bacilli are introduced into the digestive tract, milk is by far the most usual one. This accounts for the great frequency of the disease in young children who are fed to a great extent on milk. The more highly bred the cows the more readily may they become infected by a tuberculous milkmaid or milkman during the process of milking. Contrary to what has generally been supposed, it is not the animals which have diseased lungs which are the most dangerous, but those which have infected teats, in which situation it is difficult to detect the disease. From the milk of such an infected cow it is now easy to obtain a sufficient number of bacilli by means of the centrifugal machine to detect the germs readily with the microscope. Although Winkel thinks that the disease is frequently introduced by the genital tract, this was not borne out by the facts, this channel being rarely the one through which they gain admittance. In view of the danger of infecting the teats of cows, consumptive attendants should not be allowed to touch them, certainly not without the utmost antiseptic precautions. Indeed, every person with pulmonary tuberculosis is acting as a centre for the spread of the disease, and it is to be hoped that before long measures may be taken to isolate them as much as possible, or at least to destroy their sputum.

BOOK NOTICES.

A TREATISE ON SURGERY:—Moullin's Text-Book on Surgery was first published in April, 1891. So favorable was its reception by the medical profession and press, that in a little over twelve months it was recommended at more than twenty medical schools, and the large edition that had been prepared was exhausted. So much for past history.

Early last summer we were fortunate in securing the services of Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, as editor for a new edition. He has now almost completed his work, and within a short time we expect to place before you the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

Our claim that Moullin's Surgery is the best text-book for the student and general work of reference for the practitioner is based upon the reviews of a large number of journals that have pronounced it eminently practical, and upon the fact that so many teachers have seen fit to recommend it. But beyond this we may say that broad principles are stated in a clear, authoritative manner, that the relative value of the different subjects has been carefully considered, and that about the whole there is an air of responsibility that renders plain the fact that the author knows whereof he speaks, not only from his own experience, but from an acquaintance with American and foreign literature. There is also a uniformity of style, an elegance of diction, that attracts and interests the reader, while it makes plain the subject under discussion.

P. BLAKISTON, SON & CO.,
Publishers,
Philadelphia.

PRELIMINARY ANNOUNCEMENT

Of the Special Programme of the Sixth Annual Meeting of the National Association of Railway Surgeons, embracing the United States of America, the Dominion of Canada, The Republic of Mexico, to be held at Omaha, Neb., the last Wednesday, Thursday and Friday of May, 1893.

GENERAL SUBJECT:—*Injuries of the Cord and its Envelopes without Fracture of the Spine.*

1st. History, by Dr. Geo. Ross, Chief Surgeon Richmond & Danville R.R., Richmond, Va.

2nd. Anatomical Landmarks, by Dr. Jabez N. Jackson, Surgeon Wabash R.R., Kansas City, Mo.

3rd. Physiology of the Spinal Cord, by Dr. A. P. Grinnell, Chief Surgeon Central Vermont R.R., Burlington, Vt.

4th. Experimental Research, by Dr. B. A. Watson, Surgeon Pennsylvania R.R., Jersey City, N.J.

5th. An Experimental Study of Spinal Myelitis and Meningitis, by Dr. Geo. A. Baxter, Div. Surg. Chattanooga Southern R.R., Chattanooga, Tenn.

6th. The Clinical Aspects of Spinal Localization, by Dr. Nicholas Senn, Surgeon Chicago, St. Paul & Kansas City R.R., Chicago, Ill.

7th. Diagnosis from the standpoint of the Neurologist, by Dr. C. H. Hughes, Consulting Surgeon Missouri Pacific R.R., St. Louis, Mo.

8th. Pathology and Pathological Anatomy, by Dr. Samuel C. Benedict, Surgeon Richmond & Danville R.R., Athens, Ga.

9th. Prognosis, by Dr. Samuel S. Thorn, Chief Surgeon Toledo, St. Louis & Kansas City R.R., Toledo, Ohio.

10th. Treatment, by Dr. W. B. Outten, Chief Surgeon Missouri Pacific R.R., St. Louis, Mo.

11th. Medico-Legal Aspects, by Judge J. H. Collins, Chief Counsel Balto. & Ohio R.R., West of the Ohio River, Columbus, Ohio.

12th. Statistics of the Amount of Money paid by the Railroads of the United States during the last ten years, for alleged Injuries of the Spine, by Dr. F. K. Ainsworth, Surgeon Southern Pacific R.R., Los Angeles, California.

13th. Clinical Report—1st, From a Medical Aspect—(a) Permanent Injuries—(b) Alleged Injuries. 2nd, From a Legal Aspect—(a) Settled with Suit—(b) Settled Without Suit—(c) Miscellaneous, by Dr. Geo. Chaffee, Surgeon Long Island R.R., Brooklyn, N.Y.

C. W. P. BROCK, M.D., Pres't.,
Richmond, Va

E. R. LEWIS, M.D., Sec'y.,
Kansas City, Mo.

THE COMFORT OF PHYSICIANS.

At intervals during the coming year it is proposed to issue supplements to the *Medical Record*, devoted to everyday phases of professional life which do not come within the strictly scientific sphere of the journal. Although the hardest-worked class among educated men, physicians give too little attention to securing comfort, rest and relaxation, and an effort will be made at least to suggest methods of alleviating the hardships of the daily routine, and of using every advantage of modern civilization.

From time to time the subjects to be treated of in the succeeding supplements will be announced, and our subscribers are cordially invited promptly to send us any communications which their knowledge or personal experiences may suggest.

The first supplement of this series will appear early in 1893, and will be devoted to methods of conveyance, embracing every form of vehicle used by physicians, horses, clothing for man and beast, creature comforts, medicine-chests, saddle-bags and office furniture.—*N. Y. Medical Record.*

The Canada Medical Record.

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Original Communications.

THE IMPORTANCE OF THE EARLY DIAGNOSIS AND REPAIR OF LACERATIONS OF THE CERVIX UTERI, ESPECIALLY IN VIEW OF THEIR RELATION TO CANCER OF THE UTERUS.

By A. Laphorn Smith, M.D., M.R.C.S. Eng., Fellow of the American Gynecological Society, Professor of Gynecology in Bishop's University, Montreal.

The above topic for my paper has been suggested to me over and over again each time that a case of cancer of the uterus has come to me, generally in a condition too far advanced to permit of my extending any hope of cure by any operation known. Everyone of these cases was at one time a simple lacerated cervix, but many of them had been treated from six months to a year for ulceration with caustics, generally the solid nitrate of silver, until the delicate cylindrical epithelium of the cervical canal, which, exposed and everted, had already been too much injured by coitus and friction on the vagina during locomotion, was by the action of

the caustic completely destroyed, and was replaced by cicatricial tissue of new formation and low vitality. This is the weakest tissue in the economy, and offers the point of least resistance for the invasion of cancer.

It would be immensely to the advantage of the patient, which should always be our first consideration, but incidentally of no small moment to the family attendant and the specialist, if these cases of cancer were operated upon while there was yet a possibility of removing the whole of the diseased structures and every probability of effecting a cure. Delay can only lead to the injury of the patient, her doctor and the operator, and eventually, when the results are so unsatisfactory, it renders it difficult to induce even suitable cases to undergo the proper treatment.

How much better it would be for all concerned if the disease had been recognized when it was only a lacerated cervix, a few months after the occurrence of the accident, when it could have been completely cured by an operation which I feel justified in saying is absolutely devoid of danger, and which only requires, when performed early, from ten to fourteen days in bed.

In order to follow the plan indicated by the title of my paper, I will divide it into two parts, and endeavor first to emphasize the importance of the early diagnosis and repair of lacerations of the cervix on general ground ; and second, I will try to show the relation of unrepaired lacerations to cancer.

Before dwelling on the importance of diagnosing, let me say a few words as to how to diagnose it. To begin with, we must suspect its presence, keep its possibility in mind, and then the finding of it or not only necessitates a few moments digital examination. But if we do not suspect its presence, or do not even think of it in connection with the case, we are not likely even to propose a digital examination, and the real condition from which the patient is suffering goes unrecognized ; and the symptoms, be they hemicrania, sciatica, sore eyes, palpitation of the heart, fainting attacks, nausea, dyspepsia, constipation and bloating, bladder troubles, menorrhagia or miscarriages, will go on, perhaps relieved temporarily by our treatment, but never cured.

In nine cases out of ten a careful inquiry into the history of the case will put us on the right track. Thus, if the patient tells us that her first labor was severe, necessitating the use of the forceps ; that the bag of waters broke or ruptured early, so that it was a dry labor ; or we may remember having attended the patient ourselves, and that the pains were violent, the vagina hot and dry, and the cervix thick and tough ; and that the slipping of the cervix over the head was followed by a gush of blood, and that this bleeding still continued after the placenta had been delivered and the womb had contracted firmly ; and that even after it had stopped it reappeared several times during the month, we may suspect that the hemorrhage came from the circular artery of the cervix which has been deeply lacerated.

Then she will tell us that she has never been a day well since her confinement. She made a slow recovery ; has been troubled with leucorrhœa which nothing would stop ; she has been weak and dragged, and has had a pain in her back and a bearing-down feeling in the bottom of her abdomen. If in addition to her previous history we have a present condition which includes pale and haggard appearance, dragging about the hips and loins, leucorrhœa and menorrhagia, poor-ness of appetite and digestion, bloating of the bowels and constipation, there is no excuse for us in going any further until we have made a digital examination. In nine cases out of ten we will at once feel the anterior and posterior lips everted and covered with a thick and velvety mucous membrane, dotted over in cases of long standing with glandular cysts due to blocking up of the mouths of the glands. In some cases we may be able to introduce the tip of the finger into the cervical canal, in which there has been a laceration through the fibrous tissue without going through the mucous membrane. In old cases there may be so much hypertrophy, and the raw surfaces may be so covered over with cicatricial tissue, that it is difficult to detect even a very considerable tear unless we resort to the simple device of hooking the tip of the finger over the vaginal portion of the cervix, when instead of feeling a spherical body we find that there is a hook or projection caused by the ectropion of the anterior and posterior lips. The tear has arrested involution, so that the uterus will be found large and heavy and low down in the pelvis, very often also retroverted.

The examination should in all cases be made with the finger, for if the speculum be used, the unfortunate diagnosis of ulceration is very apt to be made, only the red surfaces of the exposed cervical canal being seen, which bear such a strong re-

semblance to an ulcer that it is readily mistaken for the latter. The solid stick of nitrate of silver will be used, while if no speculum is used no ulceration is seen, but the everted cervical lips are unmistakably felt. If there be any doubt, however, a Sims' speculum may be held by an assistant, while with two hooks the two lips of the cervix are seized and drawn together unless they are so hypertrophied that this is impossible.

The speculum, though useful in carrying out treatment, belongs to the dark ages of gynæcological diagnosis, and the more one becomes accustomed to bimanual examination and the less they rely upon the speculum the better. Looking back to my earlier years of practice, I can see where the speculum led me into more than one error of diagnosis.

There is one obstacle in the way of at once declaring that there is a laceration of the cervix. The patient will want to know what is the cause of the accident, and who was to blame. We have the authority of Skene for the assertion that this injury cannot at all times be prevented by any skill and care on the part of the obstetrician. This, he says, should always be borne in mind and freely stated where the injury is attributed to carelessness on the part of the attendant during labor, a mistaken criticism not uncommonly heard among the laity. I believe that the authorities have been sometimes unjust in attributing every case of laceration to the use of the forceps before dilatation is complete, or to violence during a digital examination or while trying to hurry dilatation. I have met with at least a dozen cases of severe laceration in women who were delivered before the physician could arrive, and without having even been examined. In those cases it was certainly no one's fault but that of the too rapid labor and the too rigid os. When this fact becomes more

generally known to the laity it will not be so hard for the family physician to declare that the cervix has been lacerated.

I now come to the importance of the lesion, and I take all the more pleasure in acknowledging this, because for many years I held the opinion which is quite general on the continent, that the results of the accident were greatly exaggerated. I now fully agree with Emmet when he said: Its importance cannot be exaggerated since one-half of the ailments among those who have borne children are to be attributed to lacerations of the cervix. Its great importance is to be found in the rich supply of sympathetic nerves with which the uterus is provided, and its intimate connection thereby with every other organ in the body. The great sympathetic has been aptly described by a recent writer, Dr. F. Byron Robinson, *N. Y. Med. Journal*, 10th Dec., 1892, as the abdominal brain, and irritation of one branch of it will surely produce reflex disturbance in every other branch. Thus the irritation of a cervical laceration or inflammation of the uterus is reflected up the hypogastric and ovarian plexus to the abdominal brain where the forces are reorganized. Then the reorganized irritation is sent from the abdominal brain over tracts of least resistance, which will be the nerve plexuses containing the greatest number of nerve cords. The first manifest trouble will be disturbance of the rythm of the digestive tract, stomach, intestines, liver and spleen; in other words, there is indigestion. The third stage is a malnutrition. The fourth stage is anæmia. The fifth stage is neurosis. Our treatment must be directed to undoing the mischief in the order in which it has been caused. By repairing the cervix we can restore the digestion, the blood will improve in quality and the nervous system will regain its tone. So that quite apart from the terrible danger

of cancer, which is incurred by every woman who has a lacerated cervix unrepaired, the reflex disturbances which it causes are quite sufficient of themselves to demand early recognition and treatment. While it is true that treatment by rest in bed, hot douches in the horizontal position, which is the only position in which a douche should be given, and boro-glyceride tampons, etc., undoubtedly ameliorate the symptoms by soothing the local irritation; such treatment should only be considered as preparatory to the effective treatment by operation which can alone effect a cure.

I now come to the relation of lacerated cervix to cancer. Just as there is a tide in the affairs of men, which, taken at the flood, leads on to fortune, so there is a stage in the history of lacerated cervix at any time before which a simple and harmless operation will effect a perfect cure, but a very little time after which nothing short of a difficult and serious undertaking holds out the slightest hope of the same result. There is one day in the progress of the case when it is lacerated cervix and the next day it is uterine cancer. If you admit that all things have a beginning, then you must also admit that in every case of cancer there was a moment at least when there was only one cancer cell, while the moment before that cell appeared it was not a case of cancer. I do not mean to say by this that you should wait until the last moment to have the cervical tear repaired, but I want to apologize for the pathologists who have over and over again declared that there was no cancer in a given specimen, while after total extirpation a few weeks later abundant evidence of cancer was found. He may have been perfectly correct in saying that the specimen removed on a certain day was benign adenoma, while it may be equally true that a specimen removed from the same locality a week or two later

was undoubted cancer. The disease has made its appearance during the interval. Whether any amount of irritation or the presence of scar tissue in the angle of the tear will ever produce cancer without the presence of the cancer bacillus, I am unable to say, but we have abundant evidence in either departments of surgery that local irritation followed by cicatricial tissue is often the precursor of cancerous infiltration. I have only to remind you of the cancer of the lip following the use of an unglazed clay pipe to which the lip adheres, and which tears away a layer of epithelium every time the pipe is removed from the lips. Then there is cancer of the fauces following the repeated burning of the mucous membrane with hot smoke from a cigar. We have chimney sweeps cancer, produced by the irritation of acrid soot getting into the folds of the scrotum. Also cancer of the stomach coming on after years of irritation by acrid decomposing food in dyspeptics. So it is not surprising that a torn and everted cervix which is exposed to the irritation of the acrid secretions of the vagina for which it was never meant, and the rubbing of the vaginal wall and the blows it receives during intercourse should heal by cicatrization, and that this cicatrix would be very apt to break down under such constant irritation. But if that is not sufficient irritation, the repeated application of nitrate of silver is surely enough to provoke a rapid appearance of malignant disease. More than one physician has told me that the disease had spread like wildfire after he had begun to cauterize it.

It is my candid opinion that when every case of lacerated cervix in the country has been repaired, cancer of the cervix will be a thing of the past. Nor do I ask you to accept this assertion on my own oft-repeated evidence alone. Goodell, in a recent article in *Medical News*, Sept. 10, 1892, says neither pain nor the character

of the vaginal discharge can be deemed trustworthy evidence of malignancy. There may be neither pain nor fetor.

Irregular hemorrhages are practically the first appreciable manifestation of the disease, and they should always be looked upon with suspicion, especially when the woman is over thirty-five and has borne children. The slightest appearance of blood after should especially be enquired for, for it shows that an open sore has been rubbed against.

The symptom which has always first attracted my attention is the return of the menstrual flow a year or two after its cessation. This I consider the most significant symptom, and on making a digital examination I have rarely failed to detect the presence of cancer.

Goodell says: "In its earliest stages a carcinoma of the cervix usually appears as a hard nodule under the mucous coat of a torn cervix. Soon this breaks through its envelope and forms an open and indolent ulcer. Some times the exuberant vegetation on this sore cannot be told from the coxcomb granulations of a bad cervical tear or indeed from those of a syphilitic ulcer, and the aid of the microscope may be needed. But usually the diagnosis is an easy one. The sharply defined rim of the crater-like sore, the friable vegetations that bleed on the slightest touch, and the dense hardness of the surrounding cervical tissue tell the sad tale with unerring accuracy."

In a very large proportion of cases the disease begins in the vaginal portion of the cervix. It does so because this part of the womb bears the brunt of the injuries sustained in coition and parturition. The cancerous nodule or ulcer starts usually in the scar of a torn cervix, and it is therefore most commonly found in women who have borne children. Goodell says: "I have not indeed to my recollection ever seen but a single case of cervical cancer in a virgin, and not more than three in cases in sterile women."

One of the cases, though apparently an exception, singularly enough confirms it. He says: "The lady had a submucous fibroid which was slowly emerging from its uterine bed. After suffering much pain and loosing much blood during several months, she decided to call me in. I found the os uteri dilated to the size of a silver dollar and crowning the protruding fibroid like a foetal head. The tumor was seized, wrenched from its bed, and delivered, but not without difficulty as it was larger than the os uteri. A few months later carcinoma of the cervix set in."

Emmett, *British Medical Journal*, 1886, p. 910, also relates a case which bears out my contention, that laceration of the cervix is the commonest cause of cancer. The patient was a virgin who had had a rapid dilatation performed two years before for dysmenorrhœa. In the cleft of the laceration Dr. Emmett discovered an epithelioma which developed so rapidly that she soon died.

Now let me say a few words on the early diagnosis of cancer of the cervix, which is so intimately connected with the subject of laceration.

When performed early enough, that is to say before the disease has spread to the neighboring tissues, and especially to those between the folds of the broad ligaments, the operation of total vaginal extirpation of the uterus gives excellent results, the immediate mortality being only from five to ten per cent., while of those who survive the operation the majority completely recover.

But when the disease has gone beyond the uterus so that all the infiltrated tissue cannot be removed, the operation is worse than useless, for, if any of the diseased portion is left, the patient does not live as long as if no operation had been performed. It is well to remember, however, in deciding as to the suitability of the case for operation, that the uterus is sometimes bound

down by adhesions or by purely inflammatory exudation in no wise malignant. Dr. Boldt, of New York, concluded a recent paper read before the American Gynecological Society with a strong plea to the practitioner to send such cases to the specialist earlier. Out of a hundred cases coming to him, only fifteen had been suitable for operation. My own experience has been even sadder, for out of fifteen cases which have been sent to me, in only one or six per cent. had the disease not gone beyond the cervix, while many of them had been treated for over a year with caustics as simple ulceration. In these cases the disease had crept up the cervix and eaten throughout its substance until it had reached the bladder, rectum and vagina. The broad ligaments were thickened and the uterus was fixed.

Only last month Goodell has published a powerful plea for the early diagnosis of uterine cancer as essential for cure. He has for the last year been a powerful advocate of total vaginal extirpation for the cure of carcinoma uteri in all suitable cases. His definition of a suitable case is well worth taking to heart. It is, first, one in which the womb is removable, and, secondly, one in which an operation promises well both in its immediate and remote results. A suitable case therefor, he says, is one in which the womb is not fixed, the vagina is free from all carcinomatous nodules, and the broad ligaments show no signs of infiltration. In other words, a suitable case is one in which the neoplasm is limited wholly to the womb. In such a typical case the operation is easy, safe and curative.

In justice to the general practitioner this must be said, that in many cases it is not in his power to send the case while it was suitable for operation. More than once have I been myself the physician who was the first one to be consulted by women with uterine cancer, and in one of

these it required four or five months of almost daily urging and coaxing before I could induce her to allow me to examine her. At the very first examination—nay at the very first touch—the diagnosis was undoubted, and within eight days the uterus was out, and the patient is now well. But in the majority of them the disease had long since passed the boundary line, beyond which there is nothing to be hoped for from any operation.

The greatest fault lies with the patient herself, who neglects to consult the physician in time, and that can only be remedied, as I have already said, by educating women generally to properly interpret the early symptoms which they have heretofore put down as natural at the change of life. All that the physician can do is to allow no case of lacerated cervix that he knows of to remain unrepaired; and when a woman over thirty-five years of age consults him for local disorders which she attributes to the change of life, to give her no peace until she consents to an examination. Once an examination has been made there is generally no doubt about the diagnosis; and when that is cancer, it is almost criminal to allow a single day's unnecessary delay in having the diseased organ removed. We must ignore the climacteric as an entity, and insist upon making a digital examination of every woman complaining of backache, watery discharge or irregular menstruation. Much more can be felt with the finger than can be seen with the eye; and when once the finger has ever felt the hard nodular sensation of carcinoma uteri, it can never forget it. If the cervix is sound and the discharge therefore comes from the uterine cavity, the diagnosis must be made with the curette and the microscope, for in a certain number of cases the disease begins in the cavity of the uterus. I do not lay so much stress on the microscope as I do on the other signs, for it has happened a great many

times in the experience of the New York cancer hospital that the microscope failed to detect it in undoubted cases. When the diagnosis has been made early enough to find the growth limited to the uterus, there remains to the physician but one more duty—to urge the immediate removal of the organ.

TWO RARE CASES IN OBSTETRICS

*By Dr. Clouston of Huntingdon.**

I. Vaginal Thrombosis—Post-Partum—

On the 17th of June last, I was called to attend Mrs. S. in confinement. Age about 35, married 12 years; had one child prematurely about 5 years ago. Labor in progress. Abdomen large, tense, impossibility to make out fœtal part, but by aid of stethoscope twin pregnancy was diagnosed. First child vertex presentation, 2nd position, natural delivery. Second child also presented vertex but occipito-posterior, and did not rotate anteriorly. Labor pains being weak and ineffective, forceps were carefully applied to head at the superior strait, and tractions made during pains. While the head was still from 1½ to 2 inches from natural outlet, which was being put on the stretch by the shanks of the forceps, I noticed the perineum suddenly give way, tearing right to the bowel. I was surprised to see such a laceration take place so early and without obvious or sufficient cause. The child was delivered without difficulty or further misadventure. Placenta came away satisfactorily, I douched out the vagina, and proceeded to repair the perineum, putting in three sutures. On returning in the evening I found patient had been unable to void her urine, the right labium majus very much swollen and œdematous. I punctured the labium in several places with a needle, allowing a quantity of serum to escape, and then drew off urine with a

catheter. I noticed considerable swelling about the parts, but did not make a vaginal examination. Next day the bladder was catheterized, morning and evening, the right labium and lateral half of perineum was now discolored as well as œdematous, and on further investigation I found a tense somewhat elastic swelling in the right and anterior wall of the vagina extending from the pubic ramus upwards, and in size about that of the palm of my hand. I again punctured the labium, allowing serous fluid to escape, much reducing its size, but decided to let the vaginal thrombosis alone. From the appearance of the parts I had little hope of securing union of the perineum. The patient's temperature ranged from 100 to 100½; a dose of castor oil was given, which, aided by an enema, acted satisfactorily. The temperature, however, continued to rise, creeping up to 103; discharge not foul, uterus undergoing normal involution, breasts full and hard, nipples flat, patient persistently refused to nurse children in spite of all remonstrances. So bowels were kept open by salines and belladonna, and compression applied to breasts. A portion of the mucous membrane over the lower part of the tumor showed evidence of sloughing about the 4th day, allowing the finger to be introduced and masses of foul-smelling clot to be evacuated. I syringed out the cavity with antiseptic solutions daily, removing fragments of clot and debris. The pyrexia subsided and the cavity contracted, but in spite of syringing and gentle curetting continued to be somewhat foul for some days. The sore progressed favorably, and on the 28th, or 11 days after confinement, I removed the sutures from the perineum, and found good union secured by the two posterior stitches giving a functionally good perineum. On the following day patient was up, feeling well.

*II. Concealed Hemorrhage—*This patient was neighbor of No. I. Stout woman, aged

* Read before the Frontier Medical Association, 18th January, 1892.

42, 4 children living, youngest aged 6. Was about $5\frac{1}{2}$ months pregnant on the 29th of October last, when I was summoned to attend her for what she believed to be a threatened miscarriage. Called about 5 p.m., and was requested to bring Mrs. Clouston with me, as neighbors were afraid of the woman; had not felt any foetal movements since early morning, and early in the afternoon had been seized with a pain in the right iliac fossa, obliging her to lie down. On arrival, found pretty severe pain complained of, with some tenderness, pulse somewhat accelerated, temperature about 100. No uterine contractions or bearing-down pains nor show of blood. No foetal movements detected on manipulations of abdomen, which was large and covered with several inches of fat, nor could foetal heart sounds be detected on auscultation. Cervix uteri quite hard, old lacerations to left, os high up, and with difficulty admitting joint of index finger. The diagnosis was obscure, the site of the pain and the elevation of temperature suggested appendicitis or some inflammatory action in that region, while the absence of signs of foetal life pointed to the probability of the trouble being uterine. Colic, calculus, and ovarian pain were thought of, only to be excluded. I administered about $\frac{1}{8}$ grain of morphia hypodermically, and awaited results; one hour later, the pain being still unsubdued, I gave another small hypodermic of morphia. Shortly afterwards on entering the room, patient informed me that there was a show of blood, which on examination proved to be only very slight, and which I thought might result from the digital examination of the cervix (probably eroded).

A little later, however, she informed me that there was more, and on inspection I found that a couple of ounces had escaped. Patient was becoming very restless, still complaining of some pain. I noticed she was becoming pale, her respirations some-

what labored, and she asked for water. As she was lying on her right side, face to front of bed, I had her turn on her back while I examined the uterus. The cervix was still hard and os closed—not a drop of blood issuing from it.

The suspicion of concealed hemorrhage was strong in my mind, and I tried palpation again, but the thickness of the abdominal walls so obscured things that no information could be gained in that way. Besides, I reasoned, if there be hemorrhage going on inside, why does it not continue to escape? Patient's condition continued to grow worse, pulse becoming shabby, face more blanched, while she constantly asked for water. A moment's reflection will convince you, gentlemen, that my position was a trying one. With a much esteemed patient passing into a state of collapse, her husband lying in another room prostrated after an unusually prolonged attack of typhoid fever, two children, only, in the kitchen, the son, a young man, attending to stock in the outbuildings. My wife alone to assist me as to be a witness to what was done, and all on a drizzling dark October night, $3\frac{1}{2}$ miles from the help of a confrère. Obligated to keep absolutely calm and cool without allowing a word or act to betray a suspicion of danger, which would have thrown the house into consternation with the utmost danger to both my patients, in less time than it has taken to record it, I raised the foot of the bed, removed pillows from under patient's head, forced up a window, and administered sips of water with brandy added, and watched pulse and uterus. The condition did not improve, and I despatched the son for another physician. Patient's condition grew worse, yet not a drop of blood was escaping. At one time the pulse was almost imperceptible, and temporary syncope ensued. Then, to add to the distress, nausea followed, which could not be sup-

pressed, and ended in vomiting. The woman turned herself on the side to vomit, and, strange to say, after the convulsive effort of vomiting she revived, some color returned to the face, and she remarked, smilingly, "Oh, I feel better now; the pain is all gone." There was no further escape of blood or distress of any kind. An hour later the son arrived with Dr. Cameron. We held a consultation, and as a result the patient was put on 20 minim doses of fl. ext. ergot every 2 hours.

This had the desired effect of bringing on labor the following afternoon. With rupture of the membranes a good quantity of clear amniotic fluid first escaped, soon it became dark and sooty in appearance, evidently altered blood from without the sac. Of this, also, there was a considerable quantity—probably a pint and a half. After the birth of the child, half a chamber-potful of tough dark clots were delivered. The placenta was a study in itself. It had evidently undergone complete separation the previous evening, and its maternal surface bore the marks of pressure from blood or clots which had probably been effused between it and the uterine wall. Across its diameter near the centre was an irregular ridge as if the pressure had been least along that portion. There was no fresh blood effused. The woman made an excellent recovery.

Points of interest in this case are :

- I. The probable cause or causes of the placental separation.
- II. The escape per vaginam of a portion of blood, and its cessation.
- III. The difficulty of a correct diagnosis.
- IV. The indication for treatment.
- V. The mortality of such cases.

CASES OF COMPOUND FRACTURE OF THE LOWER MAXILLARY BONE.

By Dr. C. H. Wells, Huntingdon.

In attempting to bring forward this subject this evening, I feel very much like

the man that was shipping coal to New-castle ; but, from what I see from different parts of the country, I feel encouraged to think that I may say something that will be of use to some one, and, if so, I shall feel that my object is attained.

The first case to which I will invite your attention is that of Robert Lumsden, of Athelstan, P.Q., at that time eight years old.

This is a compound fracture of the lower jaw, from the effects of a blow of a club, which struck the jaw to the left of the centre, coming end-wise, the centre of the blow being just in front of the canine, and causing a complete fracture between the second temporary molar and the six-year molar, on the left side ; also another at the canine, or between the canine and the first molar ; and another between the right canine and the lateral incisor ; and the fourth, between the second molar on the right and the first molar. There was another fracture, extending from one of the fractures at the canines to the other, thus breaking the alveolus with one canine and four centrals completely out, which the mother brought me in her hand. After examining the case carefully, I consulted the physician who had brought them to my office, and he proposed that we disjoint the lower jaw entirely and take it out, as he did not think it possible to save it. I thought that I could make an improvement on that. I gave the patient ether, and got the fractures reduced as near as possible to their proper places, and had them held in place by assistants until I took a wax impression, when I made a capping plate to fit over all the lower teeth, which, you will remember, were all knocked out but the two permanent molars. I replaced them all but one lateral incisor, where the socket was gone altogether, and I left it out, which I much regret, as I saved all that I put in, and I believe might have saved

that one also. I then rivetted a V-shaped piece of plated steel to the capping plate, passed a bolt down through the head of the V, soldered it fast there, and carried it down through an iron plate well padded under the jaw. On this bolt I put a thumb nut that could be loosened or removed at will; this I allowed to remain three days, rinsing the mouth with antiseptic washes. I then removed it carefully, and rinsed the mouth with antiseptics, and at the end of the first week the patient was living on fairly solid food. After this I only removed the plate once a week. At the end of the fifth week I removed the plate altogether and discharged the patient. Strange to say, he has since erupted his bicuspid and canines, and they all came all right; also the second molars, and in their proper place and position. The enlargement of the bone at the fractures is very slight, so slight that you would not notice there had been anything wrong.

The second case is that of Archie McEwan, of Ormstown, P.Q., who came to me on the 8th of April one year ago; he had been kicked by a horse five weeks before, and had been attended by two eminent surgeons. The only teeth he could make meet together were the lower right canine on the outside of the first superior bicuspid, the molars and bicuspid of both sides of the mouth being outside those of the upper jaw, and on the left side; when the right were touching, they lacked more than one-fourth of an inch of coming up to the upper ones. I found the union so strong that I did not dare to break it again for fear of not getting a union, and so decided to draw them into place with pressure. I first passed a strong rubber round the two bicuspid on the right and the canine, also another over the second bicuspid on the right, and the first molar on the left. At the same time I passed a very strong one round the

central and lateral on the left, and the two bicuspid, on the same side. The patient wore this arrangement from 9 a. m. until 6 p. m., when I had the spaces nearly closed on the right, and completely on the left. I then took an impression, and made a capping plate similar to Lumsden's, but cutting the plaster teeth short on the right, and padding heavily under the left side, this giving it a constant twisting pressure. This the patient wore for five days, and then returned with the articulation much improved, and in the condition shown in the plaster cast, having taken it off twenty-four hours before. You will observe that the molars and bicuspid of the right side were again springing out. I then passed another strong rubber band round the bicuspid on the right, and the first molar on the left, and in four hours had them again in their proper position. I then tied the two bicuspid firmly to the canine and lateral, and left this ligature there two weeks. The patient objected to wear the plate and pads on account of its inconvenience; I then fixed a bandage, cutting out a three-inch piece from the centre, and sewing to either end of this two six-inch pieces of the strongest elastic that I could get; then sewed the other pieces to this. My arrangement was complete. I then put the center between the elastics under the chin, brought them up the sides of the face over the top of the head, crossed them around to the back, passed them forward to the point of the chin, and sewed the ends together, and attached the bandages together at the sides of the face, thus holding the whole bandage in position. The patient wore this about two weeks, which left his articulation the same as before the fracture. Everything was then taken off, and all remained in position, the patient being a little weak for a time.

The third case is that of David Armstrong of Front River, N.Y. This is a case of a man thirty-eight years of age,

and was caused by the kick of a horse ; there were three fractures, although only two went completely through ; the one on the left, as indicated by the pencil marks, united in fairly good position, but the one on the right was bad, as shown by the cast. The front end of the right side was thrown out and up so much that the only teeth that would meet at all were the lower canine and the first superior bicuspid ; this is the position in which I found it eleven weeks after the accident, and firmly united in this position. This case I treated with the capping plate, combined with the same apparatus as Lumsden, moving the teeth inward on an inclined plane and padding heavily on the left side, and keeping the screw well tightened. In ten days I had them in perfect position, and kept them there, afterwards with dental floss ligatures, holding them this way for about three weeks, which proved a perfect success.

Society Proceedings.

ANNUAL MEETING OF THE MONTREAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The Annual Meeting of the Montreal Branch of the British Medical Association was held in the Medico-Chirurgical Society Rooms, on Wednesday, the 7th December, 1892, for the election of officers for 1893 and the transaction of routine business.

The following officers were elected :

President—Dr. Hingston (re-elected).

Vice-President—Dr. Roddick.

Hon. Secretary—Dr. J. C. Cameron (re-elected).

Hon. Treasurer—Dr. James Perrigo (re-elected).

Council—Drs. Girdwood, James Bell, and Proudfoot.

It was decided that applications for membership would be received from practitioners in good standing residing in other parts of Canada not under the jurisdiction of other Branches of the Association.

It was also decided that regular meetings be held on the first Wednesday of February,

May, October and December for the election of members, reading of papers, etc.

The *PRESIDENT* (Dr. Hingston) gave a short account of the annual meeting held this year at Nottingham, where he delivered the address on Surgery. He spoke of the great kindness and hospitality shown him, and the interest taken by the officers and members of the Association in the success of the Colonial Branches.

After the election of several new members, the meeting adjourned.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, October 28th, 1892.

J. B. McCONNELL, M.D., IN THE CHAIR.

Dr. W. S. Morrow and Dr. A. E. Orr were elected members.

The resignation of Dr. J. B. A. Lamarche was accepted.

Interscapulo-Thoracic Amputation.—Dr. SHEPHERD exhibited a patient from whom he had removed the upper extremity, performing an interscapulo-thoracic amputation. The patient was now in perfect health. This case had already been reported to the Society. The patient was discharged from hospital well in three weeks.

Inguinal Colotomy.—Dr. SHEPHERD reported a case of inguinal colotomy where Maydl's operation had been performed for old and extensive syphilitic stricture of the rectum. The patient, a woman aged 35, had suffered for years from a gradually increasing stricture of the lower bowel, which had from time to time been treated by incision and the passage of bougies. So this summer, coming again under his care at the Montreal General Hospital, he advised inguinal colotomy, which was consented to. The operation, a modification of Maydl's, was performed without difficulty. An incision was made in the left inguinal region, internal to anterior-superior spine of ilium, about two inches long, the peritoneum opened and the sigmoid flexure sought for. This was easily found, the bowel pulled out, and a glass rod pushed through the mesentery or rather meso-colon. No sutures were used, the bowel being left *in situ* covered with dry dressings. At the end of four days the bowel was opened transversely with the thermo-cautery, and at the end of ten days the whole thickness of the bowel was burnt through with the thermo-cautery and the glass rod lifted out, leaving a double-barrelled opening composed of the cut ends of the bowel. After a time the ends of the bowel retracted and a satisfactory false anus resulted. The first operation took about three minutes, the subsequent ones were performed without ether

and were nearly painless. The operation is such a simple one that the merest tyro could successfully perform it if only he makes the operation strictly aseptic. The patient is at present in good health, and quite satisfied with the relief afforded by the operation. It was not strictly a Maydl's operation, as that surgeon uses sutures; rather it was Réclus' modification of Maydl's operation.

Dermatitis Exfoliativa. — DR. SHEPHERD exhibited a case of dermatitis exfoliativa in a man aged 55. The eruption was very typical, and commenced first as an eczema of the legs some thirty years ago. It now involves the whole body, the back looking like the bark of an old birch tree. Dr. Shepherd stated that at one time this affection, which is sometimes called *Pityriasis Ruber*, was thought to be a fatal affection, but recently opinion has changed, many cases living to old age. The patient shown was seen to be a man in perfect health; only within the last few months has the disease invaded the whole surface of the body. Dr. Shepherd said that he had at present under his care at the General Hospital another case of the same disease, but in the acute stage, the patient not being in a fit condition to be brought out. His temperature ranged from 99° to 101°, and the whole surface of the skin was intensely red and covered with raised papery flakes of desquamating skin, several quarts of scales being at times taken from his bed. In this case the nails came off, and the skin of hands and feet was shed in one piece. The patients were treated with a lotion of calamine, oil and lime-water, which gave great relief.

DR. FOLEY thought that the treatment suggested by Stephen Mackenzie was the best in such cases. During the acute stage an application of glycerole of lead \mathfrak{z} i, glycerine \mathfrak{z} i, water Oi, should be used; the patient should sleep between blankets. When convalescent, a diuretic should be administered with or without quinine, to be followed by hypodermics of pilocarpine and vapor baths.

DR. LAFLEUR asked if the case had begun with a scarlatina-form rash. He had seen a case in Baltimore which began with a severe rash. She had had scarlatina in childhood, and the late appearances were the same as, though less marked than, in this case.

DR. SHEPHERD had not seen the case in the early stage. He cited a case of a boy who had five attacks, consisting of rigors, fever and rash, and had been treated for scarlatina, but it was no doubt this disease. Quinine will sometimes cause the same condition as in the case he had reported last year.

Fracture of Tibia in a Partridge. — DR. SHEPHERD showed for Dr. Clarke, of Tatamagouche, N.B., the limb of a partridge in which the tibia had been broken and over an inch of

new bone formed and united the broken ends. A piece of the original tibia, over an inch long, was coming away as a sequestrum.

Pelvic Dermoid Cyst Removed from a Woman Six Months Pregnant. — DR. WM. GARDNER exhibited the specimen and related the following history: Patient is married fourteen years; has had three full-term children, the last seven years ago. In December, 1890, the tumor was diagnosed and operation advised. Menses absent since April 2nd, 1892. Six weeks ago, when already pregnant to four or four and a half months, had a severe attack of pelvic pain, requiring full doses of morphia. When examined, it was discovered that the tumor was adherent to the floor of the pelvis. Operation was done on October 1st. The tumor was of the left ovary, and being successfully shelled out from its bed of adhesions in the floor of the pelvis, was then easily brought to the level of the abdominal incision and tied off, catgut ligature being used. The size of the tumor was that of a medium orange. It was filled with sebaceous matter and hair, and also contained one tooth. The cyst-wall contained some leathery blood-clot. The recovery was smooth and without any interference with the course of pregnancy. The nature of the tumor and the fact that it was adherent in the pelvis rendered its removal an absolute necessity to save the patient from very great danger from the passage of the child during labor.

DR. BULLER, the retiring President, then read the following address:—

Gentlemen,—When you conferred upon me the honor of the chairmanship of this Society for the past year, I was well aware that the position was one that would be difficult to fill with credit to myself or to your entire satisfaction, coming, as you decreed I should, immediately after such an illustrious leader in the profession as you will all acknowledge my predecessor was and still continues to be. Nevertheless, I believe I may say, without fear of contradiction, that the devotion of this Society, individually and collectively, to the cause in which and for which it labors enables me to chronicle one of the most successful, and in some respects perhaps the *most* successful year since its organization. This is as it should be, for there is no such thing as standing still in the profession to which we belong; none of us can afford to sit down and rest upon laurels won or reputations established without imminent peril of losing the prize for which we have striven. As it is with each individual, so it is collectively—we must choose between progress and retrogression.

I congratulate the Society that the past year has been one of progress, as shown by the records I shall now present. We have added a goodly number to our list of membership.

The average attendance has been a little larger than during any previous year—29.8, or .6 more than last year—and the character of the work done has not been surpassed by that which has been accomplished under any of my predecessors.

I have arranged the contributions of each member, as far as possible, separately, and although this may make dry reading, it forms a sort of ready reference to the work done by the Society, and this, I take it, is the object of a résumé of our annual proceedings. If this lends an undue prominence to certain names, it is because those who bear them have done good work and are well worthy of recognition. As for those who have done little, it may be the means of stimulating them to greater efforts. But, after all, the non-workers are deserving of much credit for regular and faithful attendance. It is nobler, perhaps, to do good silently than with a flourish of trumpets.

The work of the Society has, as usual, been characterized by great interest in pathology, as evidenced by the large number of pathological specimens exhibited. Several of the younger members of the Society have shown a laudable enterprise in this direction. It is to be hoped their example will be followed, in the future, by increasing numbers of the junior members of our Society. Our heartiest thanks are due several members of the Society who have come long distances to be present at our meetings. These non-resident members of the Society have favored us with quite a number of valuable papers and reports of cases.

The living cases exhibited have been unusually numerous and highly instructive. A glance at the list of papers and written communications will give a better idea of the merit of this work than any words I could employ in eulogizing the writers or that which they have written.

To Dr. Shepherd we are indebted for a long list of dissecting-room specimens as rare as they are interesting and instructive.

The work of the Society has not been confined this year to the limits of its own meetings. A great and unusual interest has been shown in matters affecting the public welfare, and I cherish the belief that the prestige of our Society has been materially augmented by publicly advocating such measures as may lead to improvement in the sanitary condition of the city, the more efficient administration of justice in all cases of a medico-legal character, and in the prevention of epidemic diseases which threaten our country from without.

In a Society so large as ours has become, we must expect every year to have one sad duty to perform—viz., to deplore the departure of some to the great unknown. In the past year I am thankful to say the hand of the de-

stroyer has been graciously withheld, save in one instance. We mourn the loss of Dr. J. J. Dugdale, whom most of us have known for many years as a quiet, unassuming, painstaking, conscientious and honorable practitioner. He lived to do good, and will doubtless receive the reward of true merit.

To facilitate the working of the Society, it was deemed advisable to revise the constitution and by-laws. This has been duly accomplished after thorough discussion and consideration of each and every clause therein contained.

I desire to express my high appreciation of the work done by our indefatigable secretary, Dr. Kenneth Cameron. It is through his untiring zeal and energy that materials have been supplied to sustain that general interest in our proceedings which is essential to the success of every medical association.

The subjoined synopsis of our proceedings for the past year is the briefest possible record of the work done by each individual member.

It remains, gentlemen, for me to thank you all for the kindness and courtesy I have on all occasions met with from every member of this Society, and more especially from those with whom I have been officially associated in the meetings of our council, for with such a council the office of president has been a pleasure, without their advice and association it would have been a difficult and laborious task.

Pathological Specimens.

Dr. Bell—

A pedunculated tumor and a small calculus removed from the bladder of a man aged 68.

Vesical Calculus.

Photograph of a warty growth around the anus of a young man.

A branched renal calculus removed from a man of 36.

A double multilocular cyst of ovary which had ruptured and caused fatal peritonitis.

A small renal and several small vesical calculi.

Sarcoma of femur, with history of the case.

Dr. Shepherd—

Vesical Calculus.

A kidney recently removed; ditto, a branched calculus.

A kidney which he had removed, the case having terminated fatally from hemorrhage eleven days after operation.

A femoral vein in which a fragment of a fog signal had been imbedded.

Drs. Bell and Mills exhibited photographs of lepers from Honolulu and from British Columbia.

Dr. Alloway—

A specimen of vulvo-vaginal cyst.

Hæmatoma of Fallopian tubes and ovaries.

Carcinoma of ovary removed by him; with

some interesting remarks on the relief of collapse following the operation by injecting warm salt water into the abdominal cavity.

Dr. Hingston—

Two lower maxillæ removed for cancer.
An astragalus enucleated by an accident.

Dr. A. E. McGannon of Brockville—

A rare specimen of ovarian tumor in which both bone and cartilage structure were found.

Dr. Lockhart—

A pedunculated fibroid removed from left labium minor.

Dr. George Brown—

A specimen of intussusception from a boy, aged 10, who died of obstruction of the bowels.

Dr. Finley—

A specimen of plasmodium malariae and one of double hydrosalpinx.

A fibroid heart.

Perforated intestine from typhoid fever patient.
Abscess of the brain; clinical history by Dr. Hutchinson.

Several specimens of miliary tuberculosis; clinical history by Dr. Wilkins.

The heart of a man who had died of angina pectoris; clinical history by Dr. Ross.

Aneurism of the descending aorta; clinical history by Dr. Hamilton.

Specimen from a case of general miliary tuberculosis.

Enchondroma of humerus, which, together with the scapula, had been removed by Dr. Shepherd.

Drs. Finley and Armstrong—

A hand removed for epithelial cancer.

Dr. William Gardner—

Two ovarian tumors.

The uterus and ovaries removed from a young woman, aged 26, in the fourth month of pregnancy, complicated with cancer of the cervix uteri.

A small ovarian tumor filled with papillomata.

A large uterine myoma removed by total extirpation.

A uterus removed for cancer by the vaginal method.

Dr. Lafleur—

Two specimens of perforation of typhoid ulcer.
Hypertrophic cirrhosis of liver.

Atrophic cirrhosis of liver.

Myocarditis; clinical history by Dr. Stewart.

Enchondroma of ilium.

The heart and other organs of a case that had died of mitral stenosis; clinical history was related by Dr. James Stewart.

Sarcoma of testicle.

Tonsils and glands of a case of lymphatic leukemia; clinical history of case by Dr. Schmidt.

A specimen of malignant endocarditis.

Thrombotic softening of the pons varolii.

Echinococcus cyst of liver.

Cæcum and appendix of a patient who had died of acute suppurative appendicitis.

General tuberculosis in a child seven months old.

Microscopic specimens of cancer of the ovary and peritoneum; clinical history by Dr. Finley.

A retro-pharyngeal tumor; clinical history by Dr. Bell.

Multilocular cyst of ovary (Dr. Bell's case).

Dr. A. Lapthorn Smith—

Ovarian cyst with chronic salpingitis, with report of case.

Cancer of the liver, from a patient whose breast he had removed last summer.

A breast recently removed for cancer, with microscopic sections of the latter.

A polypus of the uterus.

Dr. Smith also showed a new portable laparotomy table designed by himself.

Dr. T. F. Robertson of Brockville—

Fibromatous uterus, with detailed history of case.

Dr. J. B. McConnell—

Sections of sarcoma of forehead, schirrus of breast, and epithelioma of rectum.

Exhibited tube cultures of the bacillus of diphtheria.

Dr. Wyatt Johnston—

Specimens of bothriocephalus latus.

Gunshot fractures of skull.

Living Cases Exhibited.

Dr. Shepherd exhibited a man with an enormous enchondroma of ilium. The same case after successful removal of the growth.

Dr. James Stewart exhibited a young man suffering from Friedreich's disease in a very marked degree. He also showed a man suffering from chronic alcoholic poisoning.

Dr. James Bell exhibited a child, five years old, as an example of extensive tuberculosis amenable to surgical treatment. Also an infant on whom he had operated successfully for spina bifida.

Dr. Shepherd showed a woman upon whom he had performed resection of the intestine.

Dr. Hingston exhibited a young woman whose skull he had trephined on account of intense and persistent headache. The report of this case was unfortunately much lacking in detail.

Dr. Armstrong exhibited a man on whom he had operated for appendicitis "during the interval." This was the occasion of a long and most instructive discussion on the subject of appendicitis in all its bearings.

Dr. Bell exhibited a boy for whom he had performed excision of the wrist.

Dr. Armstrong exhibited a case upon which he had operated for contraction of the muscles of the calf of the leg.

Dr. Hingston showed a young man whom he had trephined for depressed fracture of the skull with hemiplegia of twelve years duration.

Dr. Shepherd exhibited a child perfectly recovered from a compound fracture of the skull with considerable loss of brain substance.

Papers.

Dr. A. L. Smith—On two cases of puerperal peritonitis.

Dr. Shepherd—Report of case of umbilical fistula in an infant completely cured by operation.

Dr. Armstrong—"Salpingitis," with special reference to surgical treatment.

Dr. Springle reported a case of rapidly fatal acute meningitis, a sequence of chronic suppurative otitis media.

Dr. Shepherd reported a case in which he had removed a branching calculus from the kidney.

Dr. Springle reported a case of placenta prævia centralis, in which both mother and child were saved. Also a case of nephrolithotomy, and exhibited the stone.

Dr. Schmidt—Report of a case of Friedreich's disease.

Dr. Duquet read the report of the Medico-Psychological Society of Great Britain and Ireland on the care of the insane. This paper elicited considerable discussion.

Dr. Shepherd reported a case of profuse rash following the administration of a very small dose of quinine.

Dr. J. E. Molson read an interesting paper on the diagnosis of aneurism of the descending aorta.

Dr. McConnell—Acute yellow atrophy of liver.

Dr. A. E. McGannon—On extra-uterine foetation.

Dr. Smith read a report on five cases of laparotomy.

Dr. James Bell—On gastro-enterostomy.

Dr. Finlay—Notes of a post-mortem on a patient who had died of hemorrhage into the right ventricle. The clinical history was given by Drs. Armstrong and Hutchison.

Dr. Smith—On seven cases of dysmenorrhœa treated and cured by galvanism.

Dr. G. T. Ross—On arterio-sclerosis.

Dr. Bruère—On local motor paralysis after poisoning by charcoal vapor.

Dr. Buller—A short paper on a case of herpes zoster ophthalmicus.

Dr. Johnston—Notes on the results of a post-mortem on a man who had died from intestinal obstruction caused by an impacted gall-stone.

Dissecting-Room Specimens.

Dr. Shepherd presented two greatly atrophied stomachs obtained from two subjects that had died insane, and explained that this peculiarity is not infrequent among that class of persons. A third specimen showed an unusual diverticulum of the urinary bladder. Also

A specimen showing persistence of the right aortic root.

Calcification of the dura mater.

Double paroccipital process.

Ossa supra-sternalis.

Rheumatoid arthritis of the axis and atlas.

Meckel's diverticulum.

A foetal puppy without mouth or eyes.

Skeleton of a double human monstrosity after the type of the Siamese twins.

A secondary astragalus.

A great toe which had been crushed off.

A fissured sternum

Separation of lamina of fifth lumbar vertebra.

Kidneys with irregular blood supply.

Cases in Practice.

Dr. F. W. Campbell related a case in which excessive swelling of the finger necessitated removal of a ring. The operation was extremely difficult.

Dr. Hingston related the history of a case in which he had removed the spleen weighing 14 lbs.

Dr. Smith—A report on a case of ruptured extra-uterine pregnancy upon which he had operated unsuccessfully.

Dr. Wilkins described a case of malingering.

Dr. Johnston—A case of pronounced chlorosis in a man.

AN EPIDEMIC OF PHTHISIS.

An epidemic of phthisis is reported by Marfan, who observed fourteen deaths from among twenty-two employees in an office during five years. The cases are traced to one employee who, at forty years, died of phthisis, after twenty-four years' employment. He coughed and expectorated a great deal for three years. The office occupied by these men only admitted 10 cubic meters air for each individual; ventilation and light were bad. The floor was uneven, full of crevices and cracks, and was not kept clean. *All employees spat upon the floor.* The author has no doubt that tubercle bacilli were present in the dust arising from the sweeping done in the presence of the employees. He was prevented from demonstrating this fact, because the place had been thoroughly swept when he called. The predisposing element of poverty (the small incomes) and unhygienic dwellings doubtless played an important rôle.—*W. Med. Presse. — Times and Register.*

Progress of Science.

INFLUENZA.

By E. S. McKee, M.D.,

CINCINNATI.

Among the many ingenious hypotheses advanced to account for the origin and spread of influenza, it is interesting to observe the one which, to a certain extent, approximates the doctrines of those early Italian physicians who assigned it a name which has the merit of vagueness and nescience, and for which we seem to have found no better. There seems something still to be said for an extra mundane origin for this mysterious affection. Willist suggests that this disease, which visits so suddenly and simultaneously so many parts of the earth, may take its rise in the intrusion into the atmosphere of some poisonous gas of such density as to penetrate everywhere. Influenza or la grippe is, according to McKee,² rather better termed a pandemic than an epidemic, which passes over the earth from east to west, regarding not climate, class or society. The Indians of Alaska were reported³ dying in large numbers during the past year. In Austria, 2,823 deaths from Influenza were reported⁴ during the epidemics of 1889 and 1890. 930,478 applied for medical relief, but of course a large number did not call in a medical attendant. An interesting editorial⁵ discussed the various names of this malady, which are found peculiarly expressive in the various languages. An interesting study⁶ of the various pandemics of influenza is worth recording. Leer reports 1,120,000 cases in Pennsylvania during the recent epidemic, of which 7,880, or one in every 142, died. The etiology of influenza, according to Tezzier,⁸ is a microbe, which he styles the strepto-bacillus, whose habitat is putrid mud. That Russia is its home is in his opinion due to the fact that bad drainage, filthy streets, and neglected barn-yards are the rule, a condition aggravated by swollen rivers and generally wide plains.

The depressed tone of human vitality during the influenza epidemic is discussed in a

report by Coulston.¹ He was uncertain whether the lowered tone of vitality was due to the influenza, whether the European family was in a lowered state of vitality, thus being a fit nidus for the influenza germs, or whether it was the sunless, summerless general character of the year. He distinctly connected the influenza with the number of melancholic patients sent to Morningside Asylum. He believed the influenza left the nerves of Europe in a far worse state than it found them. It might be well for asylum superintendents to look into this matter. "Facts Gleaned from last year's Grippe" is the title of a valuable editorial² in which the statistics furnished by the Medical officers of the United States Army are collected. Stevens found its prevalence proportional to the increase in weight and humidity, and inversely to the amount of ozone and the electrical condition of the atmosphere. In view of the intense nervous depression, the too popular antipyretic sedative treatment is unwarrantable and unscientific. Fatal prostration and heart failure in grippe are probably due more often to drugs than the disease itself. In a study of influenza as occurring in Russia, Siefried³ refers to the water supply of various cities and mills where large numbers were employed. It was found that those drinking artesian water were immune, or remained so until the disease was introduced from without, while those drinking surface water were readily affected.

Transmissibility⁴ has received an impetus from the observation that the course of influenza was independent of, and quite opposed to, the prevailing winds. It travelled slowly in Siberia and Russia, but rapidly as soon as it reached the net-work of railways in Central and Western Europe. Its course was changed by the mountain ranges of Scandinavia, and it invaded Norway, not from Sweden, but from Holland and England. Again, it was deflected by the Carpathians turning its course in the channels of travel down the valley of the Danube, and ultimately following, in direction and time, the ocean routes to Africa, India and America.

In India it has shown the same peculiarities of following the railroad lines as with us. Caird⁵ reports influenza as communicated to cats, and quite a number of human beings as directly infected from a horse.

Prophylaxis has been successfully carried out by Gilbert⁶ by the use of quinine and arsenic.

¹ London Times, July 10. American Practitioner and News, September 12. London Lancet.

² American Practitioner and News, September 26. Nashville Journal of Medicine and Surgery, September.

³ Medical Record, June 20.

⁴ Medical Record, May 23.

⁵ Medical Record, April 18.

⁶ Medical Record, May 9.

⁷ Lancet Clinic, January 24. Journal American Medical Association, March 14.

⁸ Journal American Medical Association, March 21. Gaillard's Medical Journal, March.

¹ Journal American Med. Association, June 20. Lancet, March 7.

² Medical Record, March 28.

³ Deutsche Medicinische Wochenschrift, January 15. University Medical Magazine, April.

⁴ Journal American Med. Association, May 2. Lancet, March 28.

⁶ Lancet, June 20.

He used these remedies in a number of patients, none of whom were attacked. He observed one instance where nine children in one family were attacked with influenza, and one escaped who was taking arsenic for a skin affection. He thinks it reasonable to suppose that these two powerful antiseptics might prove inimical to the development of the microbe which probably causes influenza. It is also reasonable to expect that these drugs would fortify the system against the disease.

Immunity against influenza furnished by vaccination is reported by Goldschmidt,¹ whose observations were in the Island of Madeira, which suffered from a double invasion of small-pox and influenza. He found that no one of the 112 persons successfully revaccinated suffered from influenza, and in 98 persons in whom revaccination did not take, only 15 had any symptoms of the disease. In an isolated villa of 27 inhabitants, 12 who were vaccinated escaped, while 15 who were not vaccinated all suffered from la grippe. The doctor believes that the immunity generally enjoyed by young children in epidemics of influenza is due to the first vaccination, which has not yet had time to become dissipated.

Van Eman² is led to the belief that one attack of la grippe tends to a certain amount of immunity against others, but admits that this has numerous exceptions. He is strongly inclined to the opinion that cases of incipient or developed phthisis undergo rapid changes for the worse after an attack of the grippe.

The epidemic among children is discussed by Coneby,³ who says 40 per cent. of the children of Paris were affected by this disease. Two hundred and eighteen came under his observation: 124 were girls and 94 boys. They ranged from seventeen days to fifteen years of age. He thinks the disease infectious, being diffused by atmospheric currents. Its contagiousness he considers not clearly established, although probable. In only one case was there a fatal issue.

A child born with influenza is reported by Townsend.⁴ The mother had an attack January 2, lasting three days. The child was born January 9. It sneezed violently, and the same day its respirations reached 100. Second day, temperature 104° F.; pulse at least 200; respirations 150-160. He discussed, in support of his view, the case reported by Barber.⁵

The relation between influenza and pneumonia is discussed by Simon.⁶ He finds that in

those cases where the attack was not very severe, and the patients insisted on going out when still weak, though the temperature was still normal, there are found, on examination, sticky crepitant râles at the base of each lung. Patients walking about with these râles, and with the pulmonary conditions causing them, will be especially liable to take pneumonia if exposed to chill or fatigue. This fact will go far to explain why so many bad cases of pneumonia occur amongst men in the prime of life who have, as they have thought, recovered from slight attacks of influenza. The materials for the production of pneumonia are latent, and need only the influence of cold and exposure to develop the disease in the body already weakened by influenza.

Menstruation, as affected by influenza, is described by Mijulieff,¹ who noted that in women menstruating during an attack of influenza, the flow was more profuse and prolonged. In a case of amenorrhœa, the flow reappeared after an absence of four months; in another it appeared for the first time during an attack. No special treatment was indicated. The increased flow must be explained as due either to an acute endometritis or to the presence of pathogenic micro-organisms in the blood, introduced through the respiratory tract. These give rise to certain vaso-motor disturbances which may lead to hemorrhages in other organs beside the uterus. It is possible that the microbes may generate ptomaines which exert a direct irritant action upon the vaso-motor system.

Hyperpyrexia is reported by Gibson.² Several cases are mentioned reaching 107, 108, and 109° F. One patient was saved by cold baths.

Aural complications are the subject of a report by Meniers,³ who states they are the result of retro-nasal affections. Of 57 cases 23 lasted four or five weeks. In 11 cases the lesion was unilateral, in 17 bilateral. In another series of 16 cases, 9 were unilateral and 7 bilateral, and the duration of the disease three months. Eight lasted four months, and 5 were still under treatment because of complication, as periostitis and mastoid inflammations. The treatment consisted of warm water, irrigation in the external canal and in the Eustachian tube, paracentesis of the membrana tympani in some cases, and in four instances thermo-cauterization of the mastoid. Ludwig⁴ found that influenza induced a large number of cases of

¹ Medical Record, May 16.

² Kansas Med. Jour., October.

³ Revue Mens. de Mal. des Enfants, 1890. American Journal of the Medical Sciences, April.

⁴ British Med. Journal Supplement, February 21; Archives of Pediatrics, January.

⁵ British Med. Journal, March 1; British Med. Journal, February 21.

⁶ British Med. Journal, June 27.

¹ Fiedler, Tijdskr. v. Geneeskunde; Centrallblatt fuer Gynakologie; American Journal of the Medical Sciences; Archives Gynecology, Obstetrics and Pediatrics, October.

² British Med. Journal, May 30.

³ British Med. Journal, June 13. American Journal of the Med. Sciences, February. Med. Annales des Maladies des Oreilles, September.

⁴ American Journal of the Med. Sciences, March. Archives fuer Ohrenhulkenunde, September, 1890.

otitis media. He found otitis subsequent to influenza, sometimes a malignant and life threatening disease, which, in conjunction with pyæmia and meningitis from empyæmia of the frontal sinuses, presents the most frequent cause of death after pneumonia.

The ocular phenomena observed in the course of la grippe are described by Macnamara.¹ He has met 4 cases of optic neuritis, 3 in males. These troubles could be attributed to no other disease than influenza. Five cases of retro-ocular neuritis are reported by Eperon,² which occurred as sequelæ of influenza. Three cases of ocular complications are reported by Rays and Hausen.³ A case of acute retro-bulbar neuritis. Laibach⁴ reports the case of a young lady who suffered from influenza with severe hemicrania dextra, whose eyelashes on the right eyelids turned perfectly white. Multiple neuritis after influenza is reported by Westphal.⁵ Two cases are described in one, the first symptoms were manifest seven days after the beginning of the disease. The first patient was aged 29. He complained first of a feeling of numbness and pain in his toes and fingers, subsequently weakness of the limbs and difficulty of swallowing, abolition of the knee-jerk and the triceps jerk, retention of the abdominal and the plantar reflexes, with slight paralysis of the right side of the face. Under appropriate treatment the symptoms promptly disappeared, but the knee-jerk remained absent for several months. The symptoms in the second case were more severe, and were ushered in by an attack of urticaria. In the course of a few weeks there were general muscular weakness, paralysis of one side of the face, and paresis of the other, difficulty in swallowing and abolition of the knee-jerk, pain, on pressure, over the affected nerve trunks and muscles, wasting of muscles, both in the upper and lower extremities, and the reaction of degeneration, preceded by an increased electrical irritability. Two similar cases are reported by Homen,⁷ occurring in brothers.

Kings mentions a case in which extreme head pain, with acute vomiting and constipation, followed by squint, dilated pupils, stupor and an epileptic attack. All passed off, and the boy is now quite well. One case in which a semi-cataleptic condition occurred was men-

tioned. Colley¹ reports a case of Basedow's disease following influenza.

Influenza psychosis is the subject of an article by Jutrosinski,² who points out that no mention of a true psychosis is made until his account of the influenza as it appeared in Philadelphia in 1789-1791. Jolly, of Strasburg, observed three groups of mental diseases produced by influenza: acute delirium, delirium tremens, and genuine insanity. The etiology of influenza psychosis is the same as the etiology of mental complication in other febrile diseases, viz.: Abnormalities of the circulation, hyperæmia or anæmia of the brain, the production of ptomaines, etc. The excessive use of antipyrine or antifebrine has also undoubtedly been a factor in many cases. He thinks mental diseases are produced in individuals with nervous dispositions. Insanity can originate in every stage of influenza, however patients at the period of convalescence are most frequently attacked. All forms of mental diseases can appear; the majority show a melancholic-hypochondriacal character. Both sexes are equally attacked. Patients from twenty to thirty years of age are most frequently affected. Influenza in persons already insane produces a deterioration of their mental condition.

Tenonitis following influenza is reported in four instances by Fuchs.³ Having met with but one case previously in his experience, Fuchs could but conclude that these causes depended on the influenza. In two of the cases the pneumococci of Frankel-Weichselbaum was found in cultivations made from the secretions. One case went on to suppuration.

A case of meningitis of influenzal origin is reported by Blomfield.⁴ At least this is the best description he can give it.

The digestive organs, according to Nicholson,⁵ are frequently affected; vomiting is often present, especially in the commencement; diarrhœas occur in 8 or 10 per cent.; atonic dyspepsia, from which the patient may live free for years, is often recalled into existence; the urinary organs usually escape complications; scanty, high colored urine is the rule, and occasionally a little albumen, but nephritis, or permanent kidney trouble, would seem to be rarely, if ever, seen; hæmaturia now and then occurs, but is rarely serious. Severe menorrhagia is occasionally the result of influenza, but seems to have little tendency to produce abortion.

¹ Weekly Med. Review, September 19. Le Bulletin Médical.

² Medical Record, June 13.

³ American Practitioner and News. Western Medical and Surgical Reporter.

⁴ Schmidt's Jahrbuecher, No. 2, 1891. Medical Record, November 8, 1890.

⁵ Schmidt's Jahrbuecher, March.

⁶ Lancet, January 10. St. Petersburg Medicinische Wochenschrift, 1890.

⁷ Lancet, May 9. Fortschritte der Medicin, No. 9. Finska Läkarsällskapes Handlingen, Bd. xxii.

⁸ Lancet, June 13.

¹ Schmidt's Jahrbuecher, No. 2, '91. Deutsche Med. Wochenschrift, 1890.

² Lancet, June 27.

³ Wiener Klinische Wochenschrift, 1890, II. American Journal of Med. Sciences, January.

⁴ British Med. Journal, June 13.

⁵ Deutsche Med. Wochenschrift, March 19. University Med. Magazine, July.

The treatment of influenza neuralgia by sweat baths is reported on by Frey.¹ He used simply the steam or hot air baths, and found the best results in the ordinary typical forms of neuralgia, better results being obtained in recent cases. He thinks there is a strong analogy between malarial and influenza neuralgia. He believes influenza due to a specific micro-organism, and questions whether the neuralgia occurring with it may not be occasionally in the nature of an infectious neuritis.

The following prescription is highly recommended by Palmer:²

R.—Salol..... ʒij
 Phenacetini..... ʒij.
 Quininae salicylatis..... ʒj.
 M.—Fiat caps. No. xx. One every 3 hours.

Emerson³ has found nothing better as an antipyretic and analgesic than phenacetine, or phenacetine and salol in combination. He gave 10 grains of phenacetine, or 5 grains of phenacetine and 5 of salol, or 2.5 grains each every three hours. It is rarely after that time.

Phenacetine is warmly recommended by Clemow,⁴ who has used it in from 4-10 grains. The second dose is given an hour after the first, then repeated every four hours if the patient is not relieved. Similar results are reported by Henry.⁵ Laffont⁶ advises as a rational treatment of influenza gentle fumigations, diaphoretics and revulsives, strong tonics.

That influenza is a paresis or partial paralysis of the pneumogastric nerve, depending probably on such a sudden change in the atmosphere as involves an increased expenditure of force in maintaining circulation and respiration, is the idea advanced by Morris.⁷ Hence follows the phenomena of heart failure and pulmonary congestion which we too often witness, or the gastro-intestinal troubles, or the intense neuralgias. He finds from a logical sequence that the best remedies are strong excitomotor stimulants, chief among them strychnine, caffeine, alcohol and ammonia. Since he adopted the above views, and treated his patients with 5-10 drop doses of tincture of nux vomica every three or four hours, he has often been surprised at the promptness with which they rallied, and the almost unfailing success of the method. He strongly urged his means of treatment, especially with patients below the par of vital activity.

A single inhalation of a 2 per cent. solution of ichthyol has produced great relief in the hands of Lorenz.¹ A stream spray apparatus was used, and it was repeated twice a day for twenty minutes at a time. In addition to this, ichthyol was ordered internally in the form of pills, containing a grain and a half each, one to five being taken daily; also a vessel containing a 2 per cent. solution of ichthyol was kept in the room, and was made to boil from time to time by means of a spirit lamp under it. In almost every case the symptoms are said to have subsided entirely in two or three days, but if the treatment were left off then the cough and the running at the nose were liable to recur.

Bruce² sends the patients to bed, provides good nursing, warmth and rest, feeds them freely, fluid diet highly nutritious and stimulating. For the first few hours order 10-15 grain doses of salicylate of sodium; as soon as the pain is gone drop that, and put the patient on free doses of quinine or cinchona.

Wallian³ considers an efficiently managed Turkish or Turko-Russian bath at the onset, one of the promptest measures at command. It relieves congestions, causes rapid elimination, and equalizes the circulation. Few patients are too weak to bear this measure. The sick room should be free from curtains, plush furniture, etc., should be large, airy, and should be perfectly disinfected with peroxide of hydrogen, which should be thoroughly sprayed about the room every two or three hours. It not only disinfects but liberates free oxygen in an extremely active or ozonized condition. Add to this free and frequent inhalations of pure oxygen to the extent of 15-25 gallons per day.

A NATIONAL QUARANTINE IN THE UNITED STATES.

The Senate this week passed the bill providing practically for a national quarantine by means of the marine hospital service, after rejecting all amendments proposing substantial changes in it. It is proposed to press it vigorously in the House under the spur of the cholera danger, and its advocates there are hopeful of success in spite of the opposition which has already appeared.

The quarantine bill, as passed by the Senate, makes it unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States, except in

¹ British Med. Journal.

² American Practitioner, 1890. Canada Medical Record, August, 1890.

³ Medical News. Canada Medical Record, August.

⁴ British Med. Journal, June 27.

⁵ British Med. Journal, June 13.

⁶ Medical Record, April 11.

⁷ Journal American Med. Association, Jan. 3. Transactions American Academy of Medicine.

¹ British Med. Journal, May 30.

² Medical Press and Circular, November 19, 1891. New Orleans Med. and Surgical Journal, January. Gailard's Med. Journal, January.

³ Medical News, April 25.

accordance with its provisions and with such rules and regulations of state and municipal health authorities as may be made in pursuance of or consistent with it, under a penalty not exceeding \$5,000.

Any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the United States consular officer at the port of departure, or from the medical officer where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules prescribed for securing the best sanitary condition of the said vessel.

The marine hospital service is to co-operate with and aid state and municipal boards of health in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases.

The sixth and seventh sections of the bill are as follows:

Sec. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the Secretary of the Treasury may order same vessel, at its own expense, to the nearest national or other quarantine, where the station accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers and cargo; and after such treatment, and after certificate by the United States quarantine officer that the vessel, cargo and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named in the certificate. But at any port where sufficient quarantine provision has been made by State or local authorities, the Secretary of the Treasury may direct vessels bound for said ports to undergo quarantine at said State or local station.

Sec. 7. That whenever it shall be shown to the satisfaction of the President that, by reason of the existence of cholera or other infectious or contagious disease in a foreign country, there is serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defence, this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate, and for such period of time as he may deem necessary.

An appropriation of \$1,000,000 is made to

enable the President to carry the Act into effect. Compensation is to be made for quarantine buildings and property received from States or municipalities. The Act of March 3, 1879, establishing the National Board of Health, is repealed.

ISOLATED TUBERCULAR PERICARDITIS.

At the meeting of the Medical Society of the 30th ult., Prof. Virchow showed a case of the above. He said that isolated tubercular pericarditis was a very rare occurrence. When he first met the condition whilst at Würzburg, it was a surprise to him that it occurred in a man, æt. 80, the man showing nowhere else any sign of the disease, and most of the other cases were similar. The majority of them showed a remarkable complication, extensive hæmorrhages in the pericardium, as if rupture of the heart had taken place. The heart shown was from a business man from Salzwedel. The man, previously healthy, took ill eight weeks ago in consequence of a chill, and went into hospital three weeks ago. Diagnosis, hydro-pericarditis. The legs were swollen, there was also ascites, no fever, difficulty of breathing. Section showed fluid in the abdomen and in the pleuræ. Pericardium distended with thin hæmorrhagic fluid. The otherwise powerful man had not suffered from either cancer, tuberculosis or Bright's disease. Examination of the heart revealed the following: There was considerable hypertrophy of the whole heart and enormous distension of the pericardium, particularly towards the left side, and on the inner surface the hæmorrhagic character could be seen. There was also an extensive fresh fibrinous exudation, mostly on the surface of the heart, giving it the appearance of a cor villosum. He had no doubt fresh exudation had recently taken place, and that there was a sort of recurrent pericarditis. On more careful examination of the cut surface an enormous eruption of tubercles was seen in the deeper tissue of the pericardium on the proper muscular tissue. The tubercles were full of giant cells, unusually large containing comparatively few but recognizable tubercle bacilli. The earlier cases had shown that these cases were always protracted, lasting for months, running a rather latent course, with new connective tissue representing vascularized thickenings. Doubtless the hæmorrhagic products arose from the newly-formed deeper layers. It was equally certain that the tubercle was not primary, so that it developed as a secondary condition in the new layers. The process as a whole was then that during a certain period a pericarditis was present that set up adhesion and sclerotic conditions. The new tissues

were highly vascular. There then occurred new paroxysms which lead to hæmorrhage and then the tuberculosis gradually developed. On the external surface when the pleura extended over the pericardium, eruption of quite fresh tubercle could be seen on the surface forming partly clear grey and partly yellowish nodules. The first case of the kind was to him an indication against the dyscratic idea prevailing at that time that the disease was a general one. He had looked upon the affection as a typical local tuberculosis, but had not then found an explanation of it.

PROPER METHOD OF APPLYING OBSTETRIC FORCEPS.

1. Anesthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand.

3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If, for any reason, this cannot be accomplished, withdraw the instrument, and substitute a Simpson (or Elliott), passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage.

4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*Amer. Jour. Obstetrics.*

SYMPHYSEOTOMY.

At the meeting of the Hufeland Society, on the 19th ult., Hr. Schwarze reported that he had carried out this comparatively new operation on the bodies of six women. The division of the symphysis was made with a sharp scalpel. Difficulty was experienced in one case only, that of a woman of fifty-five, in whom the cartilage was ossified. In the other cases the cartilage cut easily. Gaping only took place when the cartilage was well divided, and then only for a few millimetres. He thought the whole cartilage should be divided, and thus differing from Leopold. The ligam. arcuatum should not be divided for fear of hæmorrhage. By pressing on the hips a gaping of 3 to 4 millimetres could be brought about. By the operation the distance between the ends of the symphysis and the point of the promontory was in-

creased by double the distance between the divided ends. The transverse diameter was enlarged by half the gape in the symphysis. The diagonal increase was said by a French author to be between the direct and transverse; he had not measured it himself. The ascending rami of the pubes also became considerably separated from each other. The speaker then gave details of the operation. As regards the results of the operation, the latest statistics embraced Spinelli's 20 cases when all the mothers and children were saved, although para and endometritis followed in 3 cases. Urinary fistula was observed in 3 cases. No other untoward complications were met with. He thought the lowest conjugate measurement admitting the operation was 7.5 cm. The best results of symphyseotomy would be met with in those cases of narrow pelvis where the child was in danger, when too late for Cæsarian section or turning, and the head was movable above the brim or just engaging. Perforation of the living child ought to disappear with the introduction of symphyseotomy.

TORSION OF ARTERIES.

In connection with operations for excision of tumors, and other excisions of a like character, Jonathan Hutchinson remarks as follows: "I may mention that for many years I have quite ceased to use any other means for the arrest of arterial bleeding than torsion. In excision of the breast, for instance, I do not think that I have, during the last fifteen years, ever used a ligature. The torsion is always effected by a pair of Well's clamp-forceps, now in such universal employment. I am always extremely careful to close all vessels, keeping the wound exposed for a considerable time for that purpose. Very seldom indeed have I encountered any secondary hæmorrhage."—*Col. Med. Journal.*

AN UNUSUAL NOMENCLATURE.

We hear that a dashing young surgeon on the staff of a large London hospital, when he has occasion to remove the upper limb with the scapula, as has happened more than once, in the notification of the fact to his colleagues, describes the operation as the removal of the "fore quarter"! Whether this is strictly professional, or consonant with the dignity of the position of a surgeon upon a large hospital staff, is a question which few would fail to reply to, saving in the negative. It is doubtful, also, whether his own colleagues much appreciate the suggestive description of an operation at which they are invited to be present. Nor, again, is the term one which the students of the hospital could associate with much respect for their surgical teacher.—*Med. Press.*

THE CANADA MEDICAL RECORD.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, FEBRUARY, 1893.

THE MEDICAL BILL.

The new Medical Bill, which is now before the Legislature of the Province, is of sufficient importance to the profession to deserve editorial prominence. It has been framed by the College of Physicians and Surgeons with a view to the better regulation of the profession, but more especially for the purpose of establishing a uniform standard for admission to practise. This portion of the Bill has raised a storm of protests from the Universities from, whom many of their privileges would thus be taken away. Anyone at present who passes the Provincial Board's matriculation examination or who possesses a University degree of B.A., and who after four years of study obtains a University M.D., has no further examination to pass; he has only to present his diploma at the semi-annual meeting of the Board and to pay a fee in order to receive his licence. There have been doubts at various times in the past whether the examinations of the different Universities possessing this privilege were all equally rigorous, and in order to provide a guarantee that they were all serious, assessors were appointed by the College of Physicians to be present at the examinations. This method, it would seem, has not been altogether satisfactory, for in the Bill before us, every candidate for licence, whether he possesses an M.D. degree or not, must be again examined by the Provincial Medical Board before he can obtain it. The only exception to this rule is, strange to say, in favor of graduates of British,

Colonial or French Universities. Thus, while the Medical Board will be compelled by law to re-examine the M.D.'s of McGill and Bishop's College, they can if they wish give an Australian M.D. a licence to practise, without any examination whatever.

Nay more, even the holder of the humble British diploma of L.S.A. may be granted a licence to practise without a final examination. This unjust clause has no doubt been introduced by the framers of the Bill in order to obtain reciprocity with other countries, or, in other words, to enable an odd Canadian M.D. to practise in England without taking a diploma. But Great Britain has distinctly told us that she will not have reciprocity until there is one central examining board for the whole of Canada. And in our opinion it is just as well that it is so. For every one of our graduates out of employment here, there are at least a hundred British graduates starving in England. So that if the new medical bill be passed, and the fact becomes known in England, we might see hundreds of L.S.A. granted a licence, while our own high class graduates were obliged to pass an examination. It would be far better to abandon reciprocity, and let Canadians desiring to practise in England take a British qualification in the future as they have done in the past.

Paragraph 3980A. says: The Board of Examiners shall be divided into committees of three members, of whom two shall be professors of Universities and one physician not engaged in teaching, or one University professor and two physicians not engaged in teaching. The candidates are examined by each committee; each committee shall examine on a different subject of the programme. The examination shall be written and oral.

The ninth alteration in the present law requires among other things two thousand five hundred and eighty lectures. This is considered by many to be a mistake at a time when the whole tendency of progress in medical teaching lies in the direction of practical work rather than of didactic lectures. It would, we think, be far better to reduce very materially the number of didactic lectures and increase the number of hours attendance at the hospitals and dispensaries. We are glad to see, however, that item 13 of paragraph 4, of article 3985 requires four courses of six months each in

both Medicine and Surgery in a hospital of at least fifty beds. We hope that attendance at the out-door department of such a hospital or at an out-patient dispensary will be equivalent to the same time spent in the wards, for our experience has been that the young practitioner is far better qualified to diagnose and treat rare diseases of which he is not likely ever to see a single case, than he is to attend to the ordinary every day diseases such as he has to battle with from the very day he commences practice. The subject of dispensing, a most important one, seems to have been entirely forgotten. In a country like this where one may often travel many miles without coming to a drug store, a physician who is unable to dispense his own medicines is of comparatively little use. Another serious grievance against the bill was that it was intended to be retroactive to the extent of applying to the students who began their studies in 1892; but this injustice has, we understand, been remedied. We must give the promoters of the bill the credit of desiring by means of it to raise the standard of the profession in this Province. We wish that they could have added some clause by which every county would be compelled to have its medical society, in the same way that the provincial board of health can and does compel every municipality to have an active board of health. It is a fact that we must admit with shame, that outside of Montreal there is only one small local medical society in the whole Province, there not being one even in the great and ancient city of Quebec. What must be the result of such isolation it is easy to see, and we can leave it to our readers to understand.

BRADYCARDIA.

At the last meeting of the Medical Society of Montreal, Dr. Lafleur reported a case of slow heart in a medical student suffering from valvular disease. Sphymographic tracings showed that the arterial pressure was considerably diminished, and to this fact the reader of the paper attributed the symptoms. We think, however, that the explanation must be sought rather in the innervation of the heart than in the merely mechanical condition of fullness or emptiness of the arteries. For if we argue that slow heart depends upon empty arteries, how can we explain the rapid pulse of sudden hemorrhage

in which the arterial tension is greatly reduced, or on the contrary why we have slow heart in digitalis poisoning in which the arterial tension is greatly increased. It is much more likely that the cause of the slow pulse in the case reported was some irritation of the pneumogastric nerve which controls the too rapid impulse of the great sympathetic. We have frequently seen a great slowing of the pulse in jaundice and other disorders of the liver, while we have still oftener observed irregular and very rapid pulse in disorders of the stomach or uterus which irritate the sympathetic, quite irrespective of the condition of fullness or emptiness of the blood vessels.

CORRESPONDENCE.

A REPORT ON THE ORIGIN AND PROGRESS OF THE AMERICAN-BERLIN MEDICAL SOCIETY.

GENTLEMEN:—The constantly increasing number of students that yearly seek the advantages of a course of study in Berlin is my excuse for jotting down these few details regarding this Society, knowing that this information will be of immediate and material importance to them.

The meeting for organization took place in February, 1891, with an attendance of twelve, and at the next meeting there were about thirty-five American students present, and an organization was at once effected by appointing a president, vice-president, secretary, treasurer and various committees with special duties. At the next meeting there was an attendance of about fifty, and several very interesting and valuable papers were read, some of which were entirely original. At the second regular meeting of the Society there was an attendance of about sixty, and another profitable evening was spent in the discussion of papers that were presented to the Society. Many of these papers were accompanied by microscopical preparations, and these demonstrations were greatly appreciated by all present. At the next meeting, the writer resigned the presidency in favor of Dr. W. D. Miller, of Berlin, who has since held the chair, and the good work of the Society can be best understood by the following *résumé* of the incidents that have happened since April, 1891.

During the first full year there were twenty-three meetings held at intervals of two weeks, with the exception of the vacation months of August and September. Thirty-five papers were read by the members, and there were three debates or discussions, nineteen microscopical demonstrations and five patients were pre-

sented to the Society. Two magic lantern demonstrations were given, and they were of unusual interest, as was also the presentation of two patients treated for tuberculosis, one case of myxedema, a demonstration of hypnotism and a demonstration of the germ of influenza.

This Medical Society does not neglect the social feature, as will be seen by the following record: On July 4 a stag-dinner was given, and thirteen members were present; and on July 23 a dinner was tendered the Society by the president; on July 30 the Society was presented with an onyx inkstand; on November 26 a Thanksgiving ball was given by the Society, and there were present 250 guests, many of whom were well known in German society as well as to the American colony, and there were present most of the well-known scientific men of Berlin. On February 22, 1892, Washington's Birthday was celebrated, in which seventy-five participated.

Dr. Edward Bush, Director of the Dental Institute of Berlin, was made an honorary member.

The present active membership number thirty-eight, and during the year more than ninety names have been enrolled as members. The second year was most auspicious, and active interest was shown in the Society. The average attendance at each meeting varied from twenty-five to thirty. The thanks of the Society are especially due to the present president, Dr. W. D. Miller, and to its former and original secretary, Dr. F. A. Webber, now of Milwaukee.

This Society has increased in strength, so that now it occupies an advanced position in Berlin, and all questions of great interest to the large American colony there are usually referred to it before action is taken.

In addition to the bi monthly meetings, the members meet at regular periods for social entertainment. Further, this Society enables all the members to act in a body, so that special courses can be arranged with the *privat docents* and special rates obtained from instrument-makers and booksellers. A correct list composed of good lodgings is in charge of a special committee, and a special committee of men interested in each of the different specialties as well as in the broad domain of medicine and surgery is appointed to collect information regarding various public and private courses of instruction in Medicine, Surgery and the specialties.

The advantages of this Society are so obvious that every American who proposes to study Medicine in Berlin should make application to its president, Dr. W. D. Miller, and within twenty-four hours he will receive accurate and precise information regarding all the private and public courses that are given, and can ar-

range special courses among the members; he will be able to secure a special discount on all books and instruments which he may purchase, and at the same time he will be able to obtain a list of lodgings and restaurants where he may go and feel perfectly comfortable. This information, which he acquires so quickly, would take, in the ordinary course of events, not less than two or three weeks, and, with a strong probability, that he would waste much more time, not to mention the advantage of meeting and knowing all of his countrymen that are in Berlin at the same time.

JUDSON DALANI, M.D.,

Instructor in Clinical Medicine and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Visiting Physician to the University Hospital; Physician to the Rush Hospital for Consumptives.

BOOK NOTICE.

A TREATISE ON SURGERY. P. Blackiston, Son & Co., publishers, Philadelphia.

MOULLIN'S Text-Book on Surgery was first published in April, 1891. So favorable was its reception by the medical profession and press that in a little over twelve months it was recommended at more than twenty medical schools, and the large edition that had been prepared was exhausted. So much for past history.

Early last summer we were fortunate in securing the services of Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, as editor for a new edition. He has now almost completed his work, and within a short time we expect to place before you the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

Our claim that Moullin's Surgery is the best text-book for the student and general work of reference for the practitioner is based upon the reviews of a large number of journals that have pronounced it eminently practical, and upon the fact that so many teachers have seen fit to recommend it. But beyond this we may say that broad principles are stated in a clear, authoritative manner, that the relative value of the different subjects has been carefully considered, and that about the whole there is an air of responsibility that renders plain the fact that the author knows whereof he speaks, not only from his own experience but from an acquaintance with American and foreign literature. There is also a uniformity of style, an elegance of diction, that attracts and interests the reader, while it makes plain the subject under discussion.

The Canada Medical Record.

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Original Communications

PHYSICAL EDUCATION IN RELATION TO MENTAL DEVELOPMENT IN SCHOOL-LIFE.

BY THOMAS MORE MADDEN, M.D., F.R.C.S.ED.

The respective claims of physical and mental training, and the evils arising from the neglect or abuse of either, are obviously questions of the highest medical as well as social interest. This neglect now presents itself in two different aspects—on the one hand, the children of the poor in England are compulsorily subjected to an absurdly early age to a forcing and injurious system of mental cultivation. Whilst, on the other hand, in the case of those of a better social position, the physical powers are not uncommonly over-trained at the expense of the mental faculties. Of these errors, the former is the most important, and to its operation is, I believe, largely ascribable the apparent

diminution of physical stamina observable in too many of the youth of the present day as compared with the physically more robust, if intellectually less cultured, generation of the pre-educational period. Looking at the overtasked and anæmic little children now chained to the desk by the School Boards, we might be tempted to believe

“ ’Twas not the sires of such as these
Who dared the elements and pathless seas;
But beings of another mould—
Rough, hardy, vigorous, manly, bold ! ”

At the present time, a large part of the first ten years of life, which should be primarily devoted to physical and moral training, is given up to the development of the mental powers: the child, when a mere infant, being compelled to attend some school, where the immature brain is forced into abnormal and disastrous activity. On its return home, jaded in mind and body to prepare for next day's task, such a child is necessarily unfit for the enjoyment of the physical exercise which is essential for its bodily development and

health, or for the still more important elementary training of the affections and moral faculties and instilment of religious principles, which are better acquirable from home teachings than from any School Board system. We are all of course agreed as to the duty of properly educating children so as to fit them mentally and bodily for the increasing requirements and competition of modern life. But as to the extent to which the former should be carried and the latter neglected in early childhood, there is unfortunately a great discrepancy between the rulers of the Education Department and the views of those who have to deal in disease with the consequences of the violation of the laws of nature. And hence, whilst little children are thereby overworked into disease or death, the physician must still raise his protesting voice, albeit it would apparently seem unheeded.

During the first eight or ten years of child-life, the amount of mental cultivation which a child's brain is capable of receiving with permanent advantage is much less than is commonly believed. No greater physiological mistake is possible than that of attempting any considerable degree of such culture until the sufficient development of the physical stamina and moral faculties is accomplished. The organ of the mind is as much a part of the body as the hand, and ere either can function properly, its vital force must be fostered and maintained by nutrition and developed by physical exercise. A large proportion of those who come within the provisions of the Elementary Education Code are semi-starved children of the poorest class, who, when thus debilitated by privation, are necessarily as much incapacitated for any mental strain as for the accomplishment of any herculean feat of physical strength, it being not less inhuman, injudicious and impolitic to expect the former than it would be the latter from those so circumstanced.

If the State, for reasons of public policy, determines that all children shall be compulsorily educated from their earliest years, it should certainly afford the means by which this may be least injuriously and most effectually carried out, by providing food and physical training as well as mental education for every pauper child attending an Elementary school.

Amongst the results of over-pressure in such schools under the Boards referred to are brain disease in all forms—viz., cephalitis, cerebritis and meningitis, as well as headache, sleeplessness, neuroses of every kind, and other evidences of cerebro-nervous disorders. On no other ground can the increasing prevalence of these affections amongst the little victims of the Educational Department be accounted for or explained, than by ascribing them to the new factors, "brain excitement" and "over-pressure," which in the case of young children are now too commonly disastrously associated with the process of misdirected education and neglected physical training.

In connection with the physical management of childhood, I may add a few words on the abuse of alcoholic stimulants. The evils resulting from the abuse of alcohol were never so prevalent as at present, and are traceable in the diseases of youth as well as in those of adult existence. The results of this acquired or inherited alcoholism are brought under clinical observation in the form of cerebral gastric and hepatic disorders, and especially cirrhosis of the liver, which as well as the protean forms of cerebro-spinal disease, and the various neuroses, are so frequently noticed in hospitals for children, and to which I have elsewhere directed attention. In the majority of these cases of juvenile alcoholism that have come under my care in the Children's Hospital, Dublin, this tendency appears inherited and most marked in those whose mothers were inebriates—intemperance in

women also bearing in other ways on the diseases treated in hospitals for children, where its effects are strikingly evinced by the moral and physical deterioration of the offspring of the drunken, and by their special predisposition to strumous, tubercular and other constitutional taints.

Under no circumstances should alcoholic stimulants be given to children, save in the guise and defined doses of other remedial agents—my experience in hospital and private practice, at home and abroad, having amply confirmed the view expressed in a work of mine published many years since, viz., that it is physiologically wrong, as well as morally unjustifiable, ever to allow a healthy child to taste alcohol in any form.

THE TREATMENT OF INCOMPLETE ABORTION.

By EDWARD P. DAVIS, A.M., M.D.,
Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, Clinical Lecturer on Obstetrics and Gynecology in the Jefferson Medical College, Clinical Professor of Diseases of Children in the Woman's Medical College of Philadelphia, etc.

It is my purpose in this paper to discuss incomplete abortion, not the result of criminal interference; complete abortion, or the expulsion of the entire ovum without the assistance of the physician, will not be considered.

Incomplete abortion is most common in cases where a physician is not summoned at the beginning of the process. If called in time, before considerable hemorrhage has occurred, the physician may be able to check the abortion, or, by judicious management, to secure the expulsion of the ovum entire. In either event the prognosis for the mother's re-

covery is good, while in abortion checked by medical treatment the ovum may retain its vitality and secure adhesion to the lining membrane of the uterus.

Quite different is the case, however, where considerable hemorrhage with excessive pain has taken place before the physician sees his patient. He will frequently find her showing the effects of loss of blood, her clothing possibly stained with blood, and the birth-canal containing clots, or showing evidences of continuous but slight hemorrhage. Vaginal examination in these cases in multiparous women often reveals a portion of the ovum within the internal os uteri. If the genital canal be patulous, and the uterus be not firmly contracted, it will usually be possible for the physician to extract the remains of the ovum with his finger without especial difficulty. If the uterus be then thoroughly examined by the finger,—the patient anæsthetized, if necessary,—clots and *débris* are readily removed from the interior of the uterus, and a hot intra-uterine douche of creolin or carbolic acid, followed by the intra-uterine application of an iodoform gauze tampon, will complete the treatment of such a case.

It not infrequently happens, however, that even in multiparous women, after the first free hemorrhages have occurred with separation of the ovum, that the membranes rupture, the embryo escapes, and the placenta, with possibly the membranes, remains behind. If an interval of a few hours elapses before the physician's visit, he will frequently find in such cases the uterus contracted to such a degree that the introduction of the finger within the uterine cavity is impossible without forcible dilatation. Slight but persistent hemorrhage is often observed in this condition of affairs.

In primiparous women the uterus may so tightly contract upon a retained placenta or portion of an ovum that the introduc-

tion of a large uterine sound may be impossible a few hours after the actual escape of the embryo has taken place. This condition of contraction of the uterus with retention of a portion of the ovum is among the most trying and dangerous conditions which the physician is called to meet in obstetric practice. Radical statements are frequently made to the effect that such a woman is in immediate and great danger, and that the physician should not rest until the uterus has been forcibly dilated and the ovum eradicated. While there is danger in delay, if that delay be not accompanied by the observance of antiseptic precautions and by a judicious study of the processes by which nature treats these cases, there is greater danger in unwarranted interference, inflicting traumatism upon the genital tract, and exposing the patient to the added danger of septic contagion. It is a familiar fact that the uterus seeks to expel a foreign body, and that, sooner or later, a polyp which has become separated, a dead foetus, a tampon introduced within the uterine cavity, are expelled by spontaneous uterine contraction. If this hint be taken, the practitioner will abstain from forcibly dilating a uterus holding in firm contraction a retained placenta, but will take advantage of the spontaneous relaxation and expulsive efforts of such a uterus, which, sooner or later, will bring the retained material within convenient reach of his finger or instruments. It cannot be too strongly insisted upon that such a policy is unsafe without the observance of absolute cleanliness and, better, antiseptic precautions. As illustrating the principles of treatment in these cases, I report the following instances of incomplete abortion, recently under treatment in the Maternity of the Jefferson Medical College Hospital:

Mrs. T., an anæmic, ill-developed woman, a multigravida, was brought by the ambulance to the Maternity in a con-

dition of shock and collapse caused by profuse hemorrhage. The history given by the ambulance surgeon was that he had been summoned to the patient with the statement that she had just aborted at an early period of gestation: there were evidences of profuse and recent hemorrhage. The patient was made as clean and comfortable as possible, and brought at once to the Maternity.

On admission, she was exsanguinated; her pulse scarcely perceptible at the wrist; the surface of the body cold and clammy, her respiration sighing and feeble. Slight hemorrhage was present from the genital tract. The resident physician, Dr. Spencer, at once made an examination, finding the cervix uteri impervious to the finger without the exercise of considerable force. He accordingly tamponed the os uteri and vagina with iodoform gauze, carrying the end of the strip of gauze just within the cervix. The patient was then stimulated by hypodermic injections of strychnine and digitalis, by the external application of warmth, and the internal administration of alcohol and hot fluids. Two and a half hours after admission, the patient had reacted, and complained of slight uterine pain. The gauze tampon had become saturated with fluid blood, and slight oozing appeared at the vulva. As the patient's condition was favorable, and as the persistence of uterine pain since her admission gave reason to hope that if a portion of the ovum had been retained it would be found accessible, the patient was placed across a bed and the genital tract thoroughly irrigated with a one per cent. mixture creolin and hot water, at a temperature of 100° F. Digital examination revealed a small placenta in the cervix uteri, which had dilated sufficiently to admit the finger with ease. The placenta was removed by the finger, and the interior of the uterus thoroughly but gently curetted with the douch-curette, through

which a stream of hot creolin mixture constantly flowed. Decidua and clots were thus removed, the oozing of blood ceasing completely. The uterus was then tamponed with moderate firmness with a single piece of iodoform gauze, a portion of which filled the vagina without distending it. The patient required no subsequent treatment beyond the removal of the gauze twenty-four hours afterwards, and the washing out of the uterus at that time with the creolin mixture. An occlusion vulvar dressing was worn, and the external parts were carefully bathed with bichloride solution (1 to 2,000) after each micturition and defecation. Examination of the placenta showed it to be at about the eighteenth week of gestation. The relaxed condition of the patient's general muscular system, and the profuse hemorrhage from which she suffered, were explained in part by an examination of the thorax, where evidence of pulmonary consolidation, probably tubercular in character, was present. The placenta revealed no abnormality upon examination.

The difficulties often experienced in dealing with primiparous women are exemplified in the history of the following case :

Mrs. C., aged forty, married less than a year, a woman of good general development and health, was not positive that she was pregnant ; while engaged in household work, necessitating the lifting of heavy articles she was taken with severe uterine pain and profuse hemorrhage. A physician was summoned, who diagnosed threatened abortion. The hemorrhage, which at first had been profuse, gradually ceased, and on the following day the patient was brought to the Maternity in a carriage. On admission, it was found that a second free hemorrhage had occurred during the patient's transportation. The os and cervix were tightly closed, resembling those of the virgin

woman. A slight but persistent hemorrhage was present. The vagina was moderately tamponed with aseptic cotton, thoroughly powdered with iodoform, and the patient kept quiet in the recumbent position. Twelve hours after admission the tampon was removed, the os and cervix remaining in the same impervious condition. A vaginal douche of bichloride of mercury solution (1 to 4000) was then given, and a tampon of iodoform gauze was applied. Eighteen hours after this the tampon was removed, when it was found that the os and cervix had considerably softened and partially dilated. A portion of the ovum, not distinguishable, was found within the cervical canal. Hemorrhage commenced with the removal of the tampon ; the vagina was again douched, and a gauze tampon applied, the end of the gauze being inserted within the cervical canal. Uterine contractions with abdominal pain ensued, and slight staining of the gauze tampon was observed. There was no active hemorrhage, and the patient's pain and uterine contractions ceased after an hour or two. Four hours later hemorrhage began again, when the patient was anæsthetized, the tampon removed, and digital examination made, revealing an ovum at about the fifteenth week of gestation partially engaged in the internal os. The ovum was removed with the placental forceps and finger, its complete removal being accomplished by the use of the douche-curette, through which a stream of hot creolin mixture constantly flowed. The uterus was then tamponed with iodoform gauze, which was removed twenty-four hours afterwards and the uterus douched with creolin mixture. An uninterrupted recovery followed.

I desire to emphasize by the description of these cases the practical considerations which pertain in the treatment of incomplete abortion. Unless the physician is in possession of the complete ovum, no

abortion should be considered complete unless the interior of the uterus has been thoroughly examined by the finger or by the curette, and has been demonstrated to be empty. The history given by the patient is valueless as to the appearance of clots discharged, except in so far as it indicates a previous occurrence of considerable pain and hemorrhage. If pain and hemorrhage can be proved to have occurred, the escape of the embryo has probably taken place. There remains, then, for the physician the treatment of incomplete abortion. Thorough antisepsis, patience, and accurate observation of the condition of the uterus are prerequisites for success in treating these cases. We prefer the douche curette whose edge is not a cutting edge, but is as sharp as that of a paper-cutter. The advantage of this instrument, originally devised by Carl Braun, is the little damage which it may inflict upon the uterus, and the fact that it permits the administration of an intra-uterine douche while the curetting is going on. In septic cases, where infected decidua and membranes are removed, the tampon of iodoform gauze may be replaced by a suppository, containing 60 grains of iodoform, and inserted into the fundus of the uterus; a narrow strip of gauze may be carried within the cervical canal, and the remainder packed about the os and cervix in the vagina.

Occasionally the uterus retains an ovum for an extraordinary period, its removal being finally accomplished without danger to the patient. Chalmers* reports two cases of missed abortion which were remarkable for the length of time during which the ovum was retained. In the first of these cases the life of the embryo persisted for four months, while the product of conception was retained for seven months after the death of the embryo. The entire pregnancy persisted for eleven months. In the second case the embryo perished at three

months, but was retained for two months after death in the uterus. In neither case was operative interference indicated; the patients were kept under observation, and the expulsion of the ovum followed spontaneously. Both patients made uninterrupted recoveries. Very similar instances are on record which serve to emphasize the fact that radical interference, without the co-operation of uterine dilatation and expulsive contractions, is contra-indicated in these cases.

The prognosis in cases of incomplete abortion depends upon the cleanliness and antisepsis observed in the care of the patient, and the judgment displayed in interfering with her. In a series of eighty-four cases of abortion reported by Kuppenheim,* of Heidelberg, in seven only did complications of any sort arise. The method of treatment employed was that which we have outlined, the finger being used, under careful antiseptic precautions, to empty the uterus, whenever possible, in preference to instruments.

In obscure cases where grounds for suspecting pregnancy exist, where pain, shock, and hemorrhage occur, the practitioner must keep in mind the occurrence of ectopic gestation with tubal abortion; such abortion is usually incomplete, the embryo and its clots partially escaping from the tube, while the chorion or placenta remains within its cavity. An admirable description of such abortion has been recently given by Sutton. An instructive case of tubal incomplete abortion in a primipara in early pregnancy is given by Renteln. Her symptoms were abdominal pain, giddiness and flooding, which increased in spite of rest and the administration of opium. The gradual development of a tumor led to a diagnosis of tubal gestation, and abdominal section confirmed the existence of tubal abortion.

* *Zeitschrift f. Geburtshulfe Gynakologie*, Band 22 Heft 2.

These cases and many others of similar nature emphasize the fact that pain and hemorrhage, accompanied by the possibility of pregnancy in cases where the uterus can be demonstrated to be but slightly enlarged, and empty, should give rise to a suspicion of ectopic pregnancy and abortion, and lead, after due consultation, to exploratory abdominal incision to confirm a positive diagnosis.—*Therapeutic Gazette*.

Society Proceedings.

THE FIRST PAN-AMERICAN MEDICAL CONGRESS,

TO BE HELD AT WASHINGTON, D.C.

September 5th, 6th, 7th and 8th, A. D. 1893.

President: WILLIAM PEPPER, M.D., LL.D., 1811 Spruce Street, Philadelphia, Pa.

Secretary-General: CHARLES A. L. REED, M.D., 311 Elm St., Cincinnati, O.

Treasurer: A. M. OWEN, M.D., 507 Upper Front St., Evansville, Ind.

Chairman of Executive Committee: DR. HENRY D. HOLTON, Brattleboro, Vt.

Committee of Arrangements: (Office Arlington Hotel, Washington, D.C.)

Chairman: SAM'L S. ADAMS, M.D., 1632 K. St., Washington, D.C.

Secretary: J. R. WELLINGTON, M.D., 1416 Fifteenth St., Washington, D.C.

Extracts From Regulations and By-Laws.

MEMBERSHIP.

Members of the Congress shall consist of such members of the medical profession of the Western Hemisphere, including the West Indies and Hawaii, as shall comply with the special regulations regarding registration, or who shall render service to the Congress in the capacity of Foreign Officers. [*General Regulation 2.*]

CONSTITUENT COUNTRIES.

The following shall be considered as the constituent countries of the Pan-American Medical Congress:

Argentine Republic, Bolivia, Brazil, British North America, British West Indies (including B. Honduras), Chili, Dominican Republic, Honduras (Sp.), Mexico, Nicaragua, Paraguay, Peru, Salvador, Republic of Columbia, Republic of Costa Rica, Ecuador, Guatemala, Haiti, Kingdom of Hawaii, Spanish West Indies, United States, Uruguay, Venezuela, Danish, Dutch and French West Indies. [*General Regulation 7.*]

SECTIONS.

The Sections of the Congress shall be as follows:

(1) General Medicine, (2) General Surgery, (3) Military Medicine and Surgery, (4) Obstetrics, (5) Gynæcology and Abdominal Surgery, (6) Therapeutics, (7) Anatomy, (8) Physiology, (9) Diseases of Children, (10) Pathology, (11) Ophthalmology, (12) Laryngology and Rhinology, (13) Otology, (14) Dermatology and Syphilography, (15) General Hygiene and Demography, (16) Marine Hygiene and Quarantine, (17) Orthopædic Surgery, (18) Diseases of the Mind and Nervous System, (19) Oral and Dental Surgery, (20) Medical Pedagogics, (21) Medical Jurisprudence, (22) Railway Surgery. [*General Regulation 8.*]

LANGUAGES.

The languages of the Congress shall be Spanish, French, Portuguese and English. [*General Regulation 9.*]

REGISTRATION.

The Registration fee shall be \$10.00 for each member residing in the United States, but no fee shall be charged to foreign members. Each registered member shall receive a card of membership and be furnished a set of the transactions. [*Special Regulation 2.*]

ABSTRACTS, PAPERS AND DISCUSSIONS.

Contributors are required to forward abstracts of their papers, not to exceed six hundred words each, to be in the hands of the Secretary-General not later than the tenth of July, 1893. These abstracts shall be translated into English, French, Spanish and Portuguese, and shall be published in advance of the meeting for the convenience of the Congress, and no paper shall be placed upon the programme which has not been thus presented by abstract. Abstracts will be translated by the Literary Bureau of the Congress at the request of contributors, and should be forwarded through the Secretaries of Sections. Papers to be presented to Sections must not consume more than twenty minutes each in reading, and when of greater length must be read by abstract not exceeding twenty minutes in length. Papers read by abstract may be printed in full in the transactions, subject to approval by the Editorial Committee. Papers and discussions will be printed in the language in which they may be presented. All papers read in the Sections shall be surrendered to the Secretaries of the Sections; all addresses read in the General Session shall be surrendered to the Secretary-General as soon as read; and all discussions shall be at once reduced to writing by the participants. [*Special Regulation 3.*]

LITERARY BUREAU.

The Secretary-General may at his discretion organize a Literary Bureau, which shall consist of such number of linguists as he may determine, whose duty it shall be to do all necessary translating for the Congress, compensation for which service shall be determined by the Executive Committee. Certain members of the Literary Bureau may be designated by the Secretary-General as an Editorial Committee. It shall be the duty of the Editorial Committee to determine the eligibility of all contributions before the same shall be published in the Transactions, and to supervise the publication of both the Book of Abstracts and the Transactions. All work done by the Editorial Committee and by the Literary Bureau shall be subject to approval by the Secretary-General. [*By-law V.*]

Section on Physiology.

ADVISORY COUNCIL.—Dr. W. H. Howell, Boston, Mass.; Dr. C. F. Hodge, Worcester, Mass.; Dr. W. G. Thomson, New York, N.Y.; Dr. F. S. Lee, New York, N.Y.; Dr. G. T. Kemp, Brooklyn, N.Y.; Dr. John Marshall, Philadelphia, Pa.; Dr. W. S. Carter, Philadelphia, Pa.; Dr. J. W. Warren, Bryn Mawr, Pa.; Dr. R. M. Smith, Philadelphia, Pa.; Dr. F. T. Mall, Chicago, Ill.; Dr. Jacques Loeb, Chicago, Ill.; Dr. J. J. Abel, Ann Arbor, Mich.; Dr. Henry Sewall, Denver, Col.

MEDICO-CHIRURGICAL SOCIETY
OF MONTREAL.

Stated Meeting, November 11th, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

New Members.—Dr. J. R. Spier and Dr. A. S. Wade were elected ordinary members.

Rhinolith.—Dr. Birkett exhibited a rhinolith or nasal calculus removed from a woman aged 35, who for the past six or eight years had suffered from a chronic discharge from the left nostril. On examination, the entrance of the nostril was seen to be blocked by granulation tissue, and a probe, on being passed in one-quarter of an inch, impinged on a hard body. After reducing the temporary hyperæmia with cocaine, a body could be observed under the inferior turbinated bone, and was readily removed after being broken into two or three pieces, followed by complete relief to the catarrh.

Dr. Proudfoot had removed a somewhat similar concretion from the nose of a child who suffered from a very fetid nasal discharge. The concretion was about the size of a marble, and he experienced some difficulty in fracturing it.

The nucleus was found to be a small roll of paper. He thought that these concretions were generally phosphatic.

Carcinoma of the Ovary.—Dr. Laphorn Smith exhibited the specimens, and reported the case as follows:—The patient from whom I removed these two tumors was a married woman, 42 years of age, the mother of five children, the youngest of whom is 14 years of age. She has never suffered with her periods, and the menopause was passed three years ago. She had always enjoyed good health until June last, when she began to vomit constantly. In July her abdomen began to swell and in September she first began to notice a swelling of the feet and legs. She then presented the following appearance. She was sitting bolstered up in a chair, her face dark red in color and almost cyanosed, her abdomen enormously distended, and her feet and legs swollen and pitting deeply on pressure. Her heart was extremely weak, rapid and intermittent, and at first I thought her a case of heart disease, gradually filling up with water, but I failed to detect any organic murmur or evidence of dilatation. She had been vomiting incessantly for several weeks, her bowels were very constipated, and she was passing only two or three ounces of dark-red urine daily. The abdomen was so much distended that a careful examination only revealed the fact that it was full of liquid and under great tension. Neither did an examination per vaginam show any indications of the presence of a solid tumor, the vaginal vault being merely bulged downwards by the weight of the superincumbent fluid. The urine contained one-fourth albumen. Under treatment with small doses of calomel and bicarbonate of soda the vomiting was stopped, and after a few weeks further treatment with digitalis the quantity of urine secreted in the twenty-four hours rose to sixteen ounces, and the albumen disappeared. The legs became less swollen, but there was no improvement in the distension of the abdomen. As her condition was serious I determined to tap her, and, if necessary, perform abdominal section. I, therefore, took her into my private hospital on the 1st of October, and on the following day I introduced a very fine trocar into the abdomen, half-way between the umbilicus and pubis, and thus removed two gallons and a half of straw-colored fluid in half an hour, without the patient experiencing any faintness or other unpleasant symptoms. As soon as a gallon of water had escaped, the abdominal walls became sufficiently relaxed to permit me to feel two large solid tumors floating freely in the abdomen; when all the water had escaped, the liver could be found very much enlarged. Although I feared that these tumors might be malignant I urged their immediate removal. It is interesting to note that during the

days following the tapping the quantity of urine passed in twenty-four hours rose to thirty-five ounces, and became quite clear in color. I presume that this may be explained by the removal of the pressure of the ascitic fluid which pressed heavily enough upon the kidneys to flatten them out or collapse them, and so diminish the circulation through them. On the 5th of October, two days after tapping, I removed these tumors—one weighing, after the operation, seven, and the other five pounds. I was assisted by Drs. Springle and Ritchie. The peritoneum was very much thickened, and the omentum was shrivelled up like a piece of scorched leather close up to the liver, which latter organ was very much enlarged and covered with metastatic deposits, but there were no adhesions. The abdomen was flushed with plain hot water, and the wound closed with silkworm gut sutures and buried in dry boracic acid powder. A drainage tube was left in for three days, and the silkworm gut sutures were left in twenty-four days, causing no discomfort whatever. She walked out of my hospital on the 30th October, looking and feeling very much better than when she entered.

The tumors present a fairly regular and very smooth appearance, there being only here and there smooth raised patches on their surface about an inch in length. On section, the cut surface appears like pure fibrous tissue, but, on microscopic examination by Dr. Bruère, the characteristic cells of carcinoma could be detected. As there were no papillary or other cysts anywhere in the structure, this is without doubt primary cancer of the ovaries, although the disease is somewhat rare. The most interesting point in the case was the entire absence of symptoms pointing to disease of the ovaries. The patient maintains that she never had the slightest pain in the region of the ovaries. Unless I had removed the fluid it would have been impossible to have recognized the presence of the tumors, and the patient would have been dead ere now.

With regard to the advisability of operating, Winkle claims that isolated primary cancer of the ovary may be completely cured by early extirpation, although it fails, of course, to produce a radical cure when adjacent organs, especially the peritoneum, have already become affected. When the carcinomatous tumor can be readily extirpated the operation will remove the source of the ascites and tension, and at least temporarily contribute to the patient's comfort. He mentions three cases which not only bore the operation well, but were improved for months afterwards. I was somewhat surprised to find the patient make such an easy recovery from the operation, although I have noticed in other cases that a diseased peritoneum tolerates interference much better

than a healthy one. She had none of the usual discomforts which generally follow an abdominal section, and would have been able, and was willing, to get up, if I had allowed her to, two or three days afterwards.

Dr. Gardner considered the case interesting and instructive as illustrating abdominal dropsy. He thought it was the rule, when the dropsy does not yield to constitutional treatment, that tapping should be performed so that a diagnosis can be made. He had not met with cases in which he could not detect the growths by vaginal examination. Extirpation of these masses often lead to latency of symptoms of symptomatic cure, even though their structure may be declared to be malignant.

Dr. Bell asked what were the evidences of cancer of the liver, and if there were any lymphatic infiltrations. The tumors were encapsulated, and he would not expect them, from their gross appearance, to be carcinomatous, nor would he expect a patient who was suffering from such extensive cancer to make so good a recovery.

Dr. Smith, in reply, said that no one could see the peritoneum roughened and thickened, or see the condition of the omentum, without deciding that the condition was cancer. He thought that the enlargement of the liver and the nodular character of the organ pointed to its involvement.

Uterine Myoma.—Dr. Wm. Gardner exhibited an enormous tumor removed from a woman aged 47. The symptoms had been rapid enlargement of the abdomen since last July, with some hemorrhage. The diagnosis had been difficult, but he had inclined to myoma; the rapid growth was remarkable. The tumor was removed by total abdominal extirpation.

A ready Method of Cultivating the Bacilli of Diphtheria.—Dr. Wyatt Johnson said that about a year ago he had given some results of the cultivation of the bacillus of diphtheria in blood serum, as (if the case is seen early) it afforded a very valuable method of diagnosis. It is known that the bacilli are distinguished by their rapid growth on albuminous substances within eighteen to thirty-four hours after being sown they become quite distinct, while putrefactive bacteria do not attain any material dimensions in that time. The difficulty of obtaining blood serum is so great that this method of diagnosis has not come into general use. The egg has been known for a long time to be an excellent culture medium, and recently it has been recommended by Sakarhof to cultivate the diphtheria bacillus upon it; the method he used consists in maculating slices of hard-boiled eggs, sterilized, and placed in sterilized tubes. This method being somewhat complicated for general use, he (Dr. Johnson)

had made a modification, which consisted in obtaining a hard-boiled egg and simply cracking it at one end and removing the shell membrane, which leaves a perfectly sterile surface and which may be inoculated with a sterile wire. Place the egg upside down in an egg-cup and leave it in a warm place. He had not as yet worked with the method sufficiently to say whether it has precisely the same diagnostic value as the growth on blood serum.

Dr. Mills asked Dr. Johnson to state briefly the symptoms in animals following inoculation. Some conditions of the throat in animals look like diphtheria, but are really not so.

Dr. Johnson said that there were two conditions known as diphtheria in animals,—one in pigeons and the other in calves; they resemble diphtheria anatomically, but the organisms causing them are quite distinct. If a guinea-pig is inoculated with 0.5 c.c. to 1 c.c. of the broth-culture of the diphtheria bacillus the animal dies in from 24 to 48 hours. At the site of the inoculation there is extensive œdema and hemorrhage with, sometimes, necrosis at the point of inoculation; there is a bloody serum effusion into the pleural and peritoneal cavities, and the organs show fatty degeneration. The diphtheritic affections commonly supposed to be communicated by the milk are usually anginas due to pathogenic streptococci.

Case of Pediculi Pubis on the Scalp.—Dr. G. G. Campbell exhibited a specimen of pediculus pubis which he had found on the scalp of a child who was brought to him for a peculiar appearance of the eyebrows, which proved to be due to the ova of the pediculus; on examining the head the pediculi pubis were found. Dr. Campbell said that most authorities deny that such a condition is ever found, and he had only been able to find one recorded case.

Empyæma of the Antrum of Highmore.—Dr. Birkett read a paper on this subject.

Discussion.—Dr. Major said that the paper covered the ground so fully that there was but little to add. He had, several years ago, tabulated 189 cases of myxomatous polypi, and among them antrum disease occurred thirteen times; more recently he has had ten cases, seven having myxomatous polypi, and the remaining three hypertrophy of the turbinated bone. The origin of the disease is no doubt from dental causes, even though the teeth may appear good; and whether it may be secondary to nasal disease, or that nasal disease follows antrum disease, is not settled. As to symptoms, the old classical appearance of deformity of the face is not now looked upon as a necessary feature; the odor of the pus is perfectly characteristic, and is not at all like that due to syphilis; another symptom is the

redness of the gums, and is important at least as corroborative. He fully agreed with everything Dr. Birkett had said about surgical treatment. He uses a steel-worker's drill, which is reduced to fit a dental engine; the operation takes two or three seconds, and is entirely painless. He looks upon the drainage-tube more as a means for washing out the cavity than simply for drainage. He then proceeded to explain the kind of tube he is in the habit of using; after the opening has been made a wooden plug is introduced into it and a plaster cast is taken of the mouth and teeth, and upon this model a tube, which exactly fits the opening, is made.

Dr. Shepherd had seen three cases lately, two having had sinuses above the pre-molar tooth; he removed the tooth and scraped through into the antrum with a Volkman's spoon. He did not see the use of so many instruments, and thought too much stress was laid upon the washing out of the antrum; in empyæma of the thoracic cavity a general washing is done once only.

Dr. Buller quoted a case of iritis following the operation by a general surgeon, and thought that the success of the special surgeon was entirely due to his attention to detail and to the instruments he uses.

Dr. Proudfoot fully agreed to the necessity of frequent washing of the cavity, for the cleaner the parts are kept the better for the patient.

The late Dr. Geo. Ross.—The following resolutions of regret at the death of Dr. George Ross were proposed by Dr. F. J. Shepherd, seconded by Dr. A. Proudfoot, and carried by a silent standing vote:—

"Resolved,—That this Society has learned with the profoundest sorrow of the death of Dr. George Ross, a past-President and one of its foundation members. Dr. Ross's wide clinical experience and intimate knowledge of disease, combined with his remarkable powers of observation and judicial criticism, made him a most valuable member. The various papers and reports contributed by him from time to time to this Society were always received with the greatest interest and listened to with the closest attention.

"Resolved,—That Dr. George Ross' death, at the early age of 47, is a grievous loss to the medical profession of Canada, of which he was so great an ornament, and in which he exercised so great an influence, not only as a clinical teacher and writer, but as an active member of the various medical societies and corporations in whose work he took such a prominent part.

"Resolved,—That a copy of these resolutions be sent to the relatives of the late Dr. Ross and to the daily press."

THE SECTION ON LARYNGOLOGY AND RHINOLOGY.

The Section on Laryngology and Rhinology of the Pan-American Medical Congress is now thoroughly organized with Secretaries in all the countries of South America as well as in the United States and Canada.

The President, DR. E. FLETCHER INGALS, of Chicago, is making a thorough canvass to secure a large number of good papers for the Section, and aided as he will be by the able Secretaries, Drs. Murray and Alonso, and the corps of honorary presidents, he feels assured of the success of this department of the Congress.

All Physicians interested in this Section are requested to correspond with the secretaries for the United States:

DR. J. MARON Y ALONSO, Spanish-speaking, Las Vegas, N.M.

DR. T. MORRIS MURRAY, English-speaking, Washington, D. C.

THE ELEVENTH INTERNATIONAL CONGRESS OF MEDICINE.

ROME, Sept. 24 to October 1, 1893.

President.—PROF. G. BACCELLI, Rome.

Treasurer.—PROF. L. PAGLIANI, Rome.

Secretary General.—PROF. E. MARAGLIANO, Genoa.

The Inauguration of the Eleventh International Congress will take place the 24th of September, 1893, in the presence of H. M. the King of Italy.

The work of the Congress will begin in the nineteen sections on the morning of the 25th of September. It will be continued in accordance with the arrangements to be made and published both for the general sessions and the sections. Some of the general sessions will be devoted to scientific addresses delivered by scientists of all nations.

LIST OF THE SERIES.—1. Anatomy. 2. Physiology. 3. General Pathology and Pathological Anatomy. 4. Pharmacology. 5. Internal Medicine. 6. Diseases of Children. 7. Psychiatry, Neuropathology and Criminal Anthropology. 8. Surgery and Orthopedy. 9. Obstetrics and Gynecology. 10. Laryngology. 11. Otolaryngology. 12. Ophthalmology. 13. Odontology. 14. Military Medicine and Surgery. 15. Hygiene. 16. Sanitary Engineering. 17. Dermatology and Syphilidology. 18. Forensic Medicine. 19. Hydrology and Climatology.

REGULATIONS.—1. The Eleventh International Congress of Medicine will be inaugurated in Rome, on the 24th of September, 1893, and will close on the 1st of October.

2. Any physician may become an active

member of the Congress by fulfilling the conditions of membership, inscribing his name, and securing his admission ticket.

3. Scientists of other professions, who, through their special studies, are interested in the labors of the Congress, may acquire the rights and assume the duties of active members, and participate in the work of the Congress, both by communications and discussions.

4. The fee for admission to the Congress is twenty-five francs, or five dollars.* It entitles to a copy of the Transactions of the Congress, which will be forwarded to the members immediately after publication.

5. The character of the Congress is strictly and exclusively scientific.

6. The work of the Congress will be divided amongst nineteen sections; every member is requested to indicate, on paying his admission fee, the section for which he desires to be inscribed.

7. The provisional committee will arrange the appointment, in the opening session, of the permanent officers. They will be a president, three vice-presidents, a number of honorary presidents and secretaries. Each section will elect, in its first meeting, its president and a certain number of honorary presidents, who shall alternately take the chair during the session. Some of the secretaries will be chosen from among the foreign members, in order to facilitate the recording both of communications and of discussions in the different languages.

8. There will be daily sessions, either general or sectional. The times and numbers of the general sessions, and the business to be transacted in them, will be arranged by the President of the Congress.

9. The general sessions are reserved, (a) for the consideration of the common work of the Congress and of its common interests, (b) for addresses and communications of general interest and importance.

10. The addresses in the general sessions, and in such extraordinary sessions as may be arranged, will be delivered by members chosen by the committee for the purpose.

11. Papers for and communications to the Congress must be announced on or before June 30, 1893. A brief abstract of every paper and communication, with their conclusions, must be sent to the committee on or before July 31st. All of them will be printed and distributed to the members by authority of the President. Such as arrive after that date cannot be expected to find a place on the regular order of business, and will be accepted only if time will permit.

12. The business of the sections will be arranged by their presidents, who will also

* Money order or check to the Treasurer, Professor Comm. L. Pagliani, Rome, Italy

determine the hours of meeting, avoiding those reserved for the general sessions. Two or more sections may hold joint meetings with the consent of their presidents. There will be no vote on scientific questions.

13. Fifteen minutes are allowed for the reading of a paper or communication. In the discussion every speaker can have the floor but once, and for five minutes only. To close the discussion the author of the paper is allowed ten minutes. Additional time may be given him by the president, by special resolution of the section, if the importance of the subject under discussion appear to require it.

14. The manuscript of all addresses, papers and communications read either before a general session or a section must be handed to the secretary before the close of the meeting. A special committee on publication appointed by the president will decide which or what part of them shall be published in the Transactions of the Congress. Such members as participated in the discussions are required to hand to the secretaries their remarks, in writing.

15. The official languages of the sessions are : Italian, French, English and German. The regulations, programmes and daily bulletins will be published in the above four languages. During the meetings, however, a member may be permitted to use, for a brief remark, any other language, provided some member present expresses his willingness to translate such remarks into any of the official languages.

16. The president directs the discussions according to the parliamentary rules generally obeyed in similar assemblies.

17. Persons not classified under Article 3, who are interested in the labors of a special section, may be admitted by the president of the Congress. They will receive a special ticket on paying their admission fee ; will not be entitled to a copy of the Transactions ; and cannot speak in the general sessions nor in any section other than that for which they were inscribed.

18. The president may invite or admit students of medicine to attend and to listen. They will be given a special admission ticket, free of charge.

GENERAL INFORMATION.—JOURNEYS AND REDUCTION OF FARES.—The provisional committee has made arrangements with the different Italian and foreign railway and navigation companies, in pursuance whereof special reduced prices have been granted on the steamers and railways of this country and of the countries which the members of the Congress are to traverse.

In Italy the members of Congress will find tickets for round trips, starting from Rome ; they will thereby be enabled to visit the most

important cities and the various universities. In regard to this, further notice will be given.

The ladies of the members will be furnished ladies' tickets, which will entitle them to the reduced fares granted to the members, and to participate in the festivities connected with the Congress.

Festivities.—Besides the receptions which the kind and hospitable citizens of Rome will offer to the members, the Italian colleagues will endeavor to return to the best of their power the kindness they experienced during their stay abroad.

On some evening, yet to be decided, the members of the different sections will join at a dinner which will be given in one of the first hotels of Rome.

The Italian physicians have formed special committees to show the most hearty and kindly hospitality towards the foreign colleagues.

International Exhibition of Medicine and Hygiene.—On the occasion of the Eleventh International Medical Congress, an Exhibition of Medicine and Hygiene will be inaugurated in Rome, which will gather all that may practically interest physicians and specialists. A special committee has already insured the co-operation of all the most important manufacturers of the world.

Hotels.—All the first and second-class hotels of the Italian capital will afford to the members, during their stay, all desirable comforts.

DOUBLE MOVEABLE KIDNEY CURED BY OPERATION.

ROTC (Boston Med. and Surg. Journ., May 26th, 1892) relates a case of double movable kidney which had been cured by operation. The patient was a nulliparous, unmarried woman, aged 27, who had had good health till December, 1890, when she noticed something "shaking in her abdomen as she walked," and a little later she experienced a sensation of something slipping forward into the left inguinal region when she stooped. In January, 1891, she fell upon the ice, and then noticed a resistant mass in the left inguinal region, and soon afterwards a similar mass on the right side. Three weeks later these became very painful. On examination of the abdomen, double moveable kidney was diagnosed. On September 22nd an incision was made in the left lumbar region at the outer side and parallel with the erector spinæ, and carried down to the kidney ; silk sutures were then passed through the capsule of the kidney and fixed to the quadratus lumborum muscle, and the wound closed. From this operation the patient made a good recovery. On November 27th the right kidney was treated like the left, three silk sutures being passed through the capsule of the upper, middle and lower parts of the kidney and fixed to the

muscles in the wound. The patient recovered from this, and was quite well on December 28th, the wounds having healed. On February 6th she re-entered the hospital with a discharge of pus from the right cicatrix. This was investigated and a ligature removed. Rapid healing ensued, and on February 21st, both kidneys were found to be fixed in position in the lumbar region.—*Brit. Med. Jour.*

CRANIECTOMY.

ESTOR (*Nouv. Montpellier Méd.*, June 4th, 1892) reports a case in which he performed craniectomy on a microcephalic child presenting the usual symptoms. A considerable amount of bone was removed, the hole left in the skull being 11 centimetres in length by 2 in width. There was no appreciable improvement in the mental condition, the only benefit resulting from the operation being that the child gained the power of stooping to pick up things without falling. Estor thinks the cases recorded up to the present, while not sufficiently numerous to form the basis of a definitive judgment on the value of the operation, are not very encouraging. Even in the cases in which distinct improvement has taken place, this has not been lasting.

THE SURGICAL TREATMENT OF PERITYPHLITIS.

SCHEDE (*Deut. Med. Woch.*, June 8th, 1892) records 18 cases. The inflammatory processes in perityphlitis nearly always take place within the peritoneal cavity, and the appendix is almost exclusively the starting point. A blocking of the appendix takes place most frequently by a concretion, and much more rarely by a foreign body. It may even be due to a contracting cicatrix, or perhaps to catarrhal swelling. The integrity of the appendix is preserved in the slighter forms, the mucous, or muco-purulent, secretion escaping into the cæcum. Relapses are, however, frequent, and sooner or later severe forms are noted. Three cases of relapsing typhlitis are then recorded, successfully treated by excision of the appendix. In severe cases, with much inflammatory exudation, perforation is said to be seldom absent, yet they mostly run a favorable course, as adhesions have been formed. An abscess with muco-purulent or fæco-purulent contents may arise. In general, one may wait until the abscess comes near the abdominal wall, unless severe symptoms are present. Three successful cases are recorded in which the operation was undertaken in the interval after severe attacks. In each case centres of thick and more or less inspissated pus were found. The appendix was removed. The author then comes to the well-recognized group of very serious and dangerous cases with

rapid perforation before adhesions have been formed. Three such cases were operated upon, and two died. The third one was probably saved by the perforated appendix being in the sac of an inguinal hernia. In the remaining cases unusual complications were present. One simulated intestinal obstruction. A median incision was made, but the patient died. Incision over the cæcum, which, owing to diagnostic difficulties, was not adopted, might have let out the pus without infecting the peritoneal cavity. In the other cases adhesions about the cæcum caused some obstruction to the passage of the intestinal contents along with other symptoms. The worst case died. In another case the cæcum was excised with good results after a second operation. At times there may be, as in Cases 15, 16 and 17, such thickening as to suggest malignant disease, especially if it occur in elderly people. Here, too, the cæcum had to be excised in one case. It was successful. The last case was one of carcinoma of the cæcum, believed to be secondary to typhlitic changes. The extensive disease was excised, but the patient died.—*Brit Med. Jour.*

Progress of Science.

THE DIAGNOSIS AND THE SURGICAL TREATMENT OF HEMORRHOIDS, INTERNAL, EXTERNAL, INFLAMED OR ULCERATING, BY FULL BUT GRADUAL ANAL DILATATION; BY LOCAL ANALGESIA, COMBINED WITH PRESSURE-MASSAGE; ALSO A FEW NOTES ON HEMORRHAGIC HEMORRHOIDS.

BY THOMAS H. MANLEY, M.D.,
Visiting Surgeon, Harlem Hospital, New York.

I have already, in different medical periodicals of late years, been permitted to occupy space, in setting forth, in diverse contributions, the structural anatomy and functions of the *intestinum ampullæ*; or the large pouch-like terminus of the rectum, the greater part of which is lodged in it, immediately contiguous to the ischiatic fossa.

This being the case, I will not occupy time, in the present instance, in considering structure and rectal phenomena in the ano-rectal district, but, after a few reflections in a general way, proceed at once to diagnosis and treatment.

In the beginning, I may say, that since I commenced to make a critical study of ano-rectal diseases, I have found to my amazement and confusion on making a large number of examinations on the dead and living body, that a hemorrhoidal or varicose state of the vascular part of the lower rectum was present in more

than ninety per cent. I discovered by interrogating the living, that of those in whom pathological changes of a hemorrhoidal order was present, not more than *ten per cent.* ever were aware that they had piles at all. We must then infer that something more than the mere presence of a few scattering tabs of tissue around the anal margin or small neoplasms within should co-exist, to bring into play that most agonizing disorder designated hemorrhoids—a condition which, of all others, can make one's life wretched and miserable. And when intermittent paroxysms of furious itching, pain and straining come on, particularly when one "turns in" for a night's rest, the distress and torture which they often excite are something dreadful.

We will in this issue discuss the subject from a medical standpoint, and illustrate the share a disordered system contributes in the etiology; but what I wish to particularly emphasize is, that if we would strike at the root of the malady, we must address our attention to something besides the deeply congested varicosities which line the walls of the bowel, and endeavor to institute a line of treatment which will not involve a mutilation and loss of blood, or perhaps lay the foundation for subsequent dangerous consecutive hemorrhage, ulcer, or fistula, and something which will not inflict great shock to the system, but will be permanent in its results.

I may say here, that the measures which will be recommended are only for those chronic intractable hemorrhoids, which simple, constitutional and local measures will not control, which are of a chronic character and rebellious to local treatment.

DIAGNOSIS.—Let us be sure that "we have caught the hare before we light the fire to cook him."

How many poor creatures there are with an itching, irritable, painful rectum, with their anal excavation plastered over with various "pile ointment," partaking freely of bilious medicines, who are as innocent of hemorrhoids as the unborn babe? Any trouble in the rectum is almost invariably set down as "piles."

Here are a few illustrations. Patient sent to me by a practitioner for unmanageable piles. I examine his rectum, and find an immense punched-out tuberculous ulcer.

A young woman comes to me with "ulcerating piles." The valves do her no good. Her rectum is full of ulcerating and sloughing condylomata. Papa—her husband—had been cured of his piles (?)

A physician comes to me from the country with his patient, who had terrible bleeding piles, which terribly exsanguinated her. On examination high up, I find two or three angiomatous polypi. A young physician brings his father to me to examine his rectum, as he has been latterly under treatment for piles. He has a

rectum as hard as a horn, which, at the sphincteric orifice, is one mass of cancerous deposit.

Many come to be treated for hemorrhoids, who have fissure, ulcer or stricture of the rectum.

Hence, from the foregoing, it is clearly evident, that before we think for a moment of healing chronic piles, we must assure ourselves that our patient really has the genuine article.

Now, in reaching a diagnosis of hemorrhoids, we must depend mainly on the faculties: the hearing, touch and sight. In the large majority of cases, a skillfully conducted oral examination, along with the cautious but searching glance of the eye, will aid enormously as a preliminary. You will see the hectic of phthisis, the tinged anæmic skin of cancer, and if the patient has, so-to-speak, "held on to his hair," in syphilis, by putting this and that together you will draw out enough to give you good reason to suspect it. By this sort of an examination, too, one will lead the patient on, until you secure his full confidence, as you may anticipate him in many details.

In simple chronic hemorrhoids there will seldom be much difficulty in reaching definite conclusions as to their presence, before we touch them.

EXAMINATION OF THE RECTUM.—Two things are quite indispensable for a rectal examination: They are first, touch; and second, good light—the use of vision.

Now, the first is the most valuable in a general way, because with many sensitive, modest women a visual examination often is refused, is only very reluctantly consented to, so that if you can not only make an examination, but also treat her affection under her clothing, and cure her, you will, for her lifetime, have the fullest measure of her gratitude. Thoroughly scientific examination of hemorrhoids is not always possible without a full exposure of the closed or opened anal portal. It is almost unnecessary to say that in malignant diseases or polypi, the sense of touch is quite enough as a local diagnostic resource.

TECHNIQUE OF RECTAL EXAMINATION.—When a thorough and complete examination is imperative, as in cases of ulcerating or bleeding hemorrhoids, the patient should be placed on a table from three to four feet high: if a male, in the dorsal decubitus; and, if a female, on the left side. And I may say here in parenthesis, that chronic pathological changes in the rectum are comparatively very rare, except in proportion in middle-aged or old people. We must have good light. Now, it must not be inferred, when good light is mentioned, that a voluminous glare is needed. On the contrary, what we need is not brilliancy, but a *contrast light*. If we have clear sunlight, it is simple; but if on the contrary the day is gloomy, or an examination is made in the darkness of night, a simple tallow-dip, lumin-

ous candle, or two, both lit at once, the light reflected with a common hand-mirror into the rectum, or on the cutaneous margin of the anus, will answer.

However, before we proceed to inspection we should first make a digital examination. I would recommend the amateur to first familiarize the touch, and acquire the *tactus-eruditus* by examining the recta of the healthy in every possible instance when a pretext presents itself.

The patient being now resting comfortably, and not unduly exposed, it is well always to assure him or her that there will not be much pain inflicted, and that he must not resist us. The anal sphincter is always closed by a tight grip in hemorrhoidal disease, and acts not altogether unlike a stricture in the dry urethra in the first passage of instruments. We must then commence manipulations on the sphincter-ani by a species of coaxing, "catch it off its guard," and then thoroughly subdue it.

To commence with, I generally sponge the part freely with warm water, after which, with my index finger well-warmed and oiled, the pulp is brought slowly up against the anal folds. At first the corrugations of the sphincter plaits are drawn tighter than ever, but the finger is kept there, and gentle but steady pressure is begun against it, when we are soon conscious of a giving way as the tip enters. Now that we are within the anal cul-de-sac, into the rectum, we give our patient a little rest, and we need a little ourselves, for we would succeed with these cases without torturing our patient; we commence cautiously and slowly, so that, after the sphincter is passed, we are often not a little fatigued. At any rate the hand is tired. I have spent twenty minutes more than once in making my finger pass the sphincter. The tip of the finger is now kept in the rectum, without advancing farther, for at least five minutes. In the meantime, its point being slightly worked while there by the weight of the hand, quiet but steady tension is made in the direction of the long axis, of the longitudinal fibres of the sphincter-ani.

A little fresh oil is now dropped on the engaged finger—the part exposed—and it is sent into the webbing. A "to and fro" motion now is given this finger before another is introduced. It is lifted up in the direction of the bladder, turned towards the sacrum, and the ischial tubers partly withdrawn and again reintroduced.

After this manipulation, we commence the passage of the index of the left hand, following on the same lines as the first, then the middle finger of each hand, if necessary, though very often but the two indices are required.

By this procedure, when proper precautions are observed, the anus is amply dilated to permit a thorough inspection. The loss, temporarily, of sphincteric contractile power is manifested by the free escape of fæces.

We commence our ocular examination at the verge of the anus.

QUESTIONS TO BE ANSWERED.

1. Has our patient piles? If so, of what type.
2. Are they simple or complicated with fissure, ulcers, abscess of fistula?
3. Has the patient an entire absence of hemorrhoids, and is he rather suffering from a neoplastic infectious malady, as cancer, syphilis or tubercle, and, if malignant, where is its precise seat?

It might be said that it was rather premature to put questions before we have employed the speculum and other mechanical means as an aid to exploration.

Under ordinary circumstances the less instrumentation in anal examinations the better. Many times the brethren have written me, "Whose special anal speculum do you recommend?" My answer is that the best is "none at all" in uncomplicated cases. With the sphincter amply dilated—and no speculum should ever be employed until this has been secured, as a preliminary measure—the rectum rolls out, prolapses, and we have under our eyes the entire field of pathological changes.

In those in whom the anus is well stretched, if any sort of speculum is useful, nothing in my hands serves more admirably than a Simon's vaginal, well-warmed and oiled, and very gently introduced. The blade of this instrument being about four inches in length—about one-half the length of the entire rectum, and all that part of the tube which is uncovered by peritoneum—we have at our command a clear sweep of the whole field. With a tampon placed high up, the mucous membrane well drenched and this speculum raised, depressed, or turned anteriorly first, posteriorly second, to the right third, and the left side lastly, a thoroughly complete inspection is always a simple procedure in appropriate cases. Certainly, in those whose lower passage is the seat of stricture or malignant disease, this instrument must not be employed. Indeed, in this class of cases an ocular inspection is quite unnecessary.

HAS OUR PATIENT HEMORRHOIDS, AND, IF SO, OF WHAT DESCRIPTION?—Time will not permit the consideration of the diverse variety of piles. In a physical examination you cannot confound hemorrhoids with other affections. In a young or middle-aged man, or woman, with no pronounced cachexia, before we examine, we may quite assure ourselves of their presence.

ARE THE HEMORRHOIDS COMPLICATED WITH ULCER, FISSURE OR FISTULA?—Hemorrhoids provide the ground-work of the greater part of the cases of ulcers and fissures. So-called fistula in ano is almost invariably consecutive to hemorrhoids. It is misnamed "fistula-in-ano" for the reason that, in the greater part of these cases, the fistula externally appears at some distance from the anal verge, and, internally, starts at a point some distance above the outlet. In fact, they

clear the anus altogether, and nowhere in their sinuous path touch it, except in few cases.

With chronic hemorrhoids, then, we must always look for those lesions so ominously consecutive to them. My own observations, in a considerable number of cases, incline one to regard hemorrhoids as an exciting factor in the etiology of epithelioma in elderly people.

IS OUR PATIENT SUFFERING RATHER FROM GONORRHOEAL INFECTION THROUGH RECTAL COITUS, TUBERCULAR ULCERATION, SYPHILITIC HYPERPLASIA OR A NEW GROWTH OF SARCOMATOUS OR CANCEROUS ORIGIN?—Many an unfortunate has been turned away with a few purgative pills, a pile ointment or lotion, by the attending practitioner, who never had hemorrhoids in his life, and a mere placebo given for such serious pathological conditions, which, if treated early and energetically, may be arrested at the start; but which, when once the work of diffusion and infiltration into the loose cellular tissues, the perineum, the prostate or bladder, the vagina or uterus in the female has begun, we are often limited in our practice to palliative measures, as radical resources are now quite out of the question.

Gonorrhoeal-proctitis is often met with in our larger cities. Its onset is sudden, and it is rapid in its destructive consequences. The agonizing straining it occasions is something harrowing. It may advance upward and involve the peritoneum. It may be easily diagnosed by the quality of the discharge and the virulence of the inflammatory changes. Cancer and syphilis, when present in the rectum, in their early stages, are not so easy to determine. We must depend largely on the clinical history, with reference to heredity, pre-existing lesions, etc. If one be in much perplexity, he should give the patient the benefit of the doubt, and put him through a thorough and extended mercurial course. If cancer be diagnosed, however, it is well to always determine, with as much certainty as possible, its precise location and extent, for when it begins near the anal verge, it may be readily and safely extirpated, while, on the contrary, if it be lodged in the rectal walls a finger's length beyond the anus, the case is beyond the reach of art to more than relieve, when we must give a prognosis accordingly.

Tubercular ulceration of the rectum is a much more common malady than is generally supposed.

It manifests itself by almost intolerable itching, nocturnal, tenesmic straining, and a copious emission from the rectum of a mucopurulent discharge. Many of the symptoms common to hemorrhoids attend this malady, so that, unless a special and very careful examination of the rectum be made, one is liable to overlook its real character, and employ temporizing remedies, when, by the use of proper measures, its course may be cut short in almost every case

in which there is not an infection of important organs.

THE VARIOUS SURGICAL OPERATIONS FOR THE RADICAL AND PERMANENT CURE OF HEMORRHOIDS.—Having determined the probable presence of piles by such subjective symptoms as leave little doubt as to their true character, or, after verifying, by an ocular inspection, their actual presence, our next concern is to cure them. But let it be clearly understood here that only in those severe, chronic, refractory cases should operative measures be advised or practised, for, of all regions of the body, the anorectal is one of the most dangerous for surgical interference, unless special precautions are always observed.

The nerve supply to the rectum is from the pubic and fourth sacral. The sphincter and levator-ani are animated from the same source. The terminal filaments of these freely inosculate with small sciatic, sacral plexus and great sciatic; the anus is chiefly supplied from the sympathetic. Hence, with its abundant nerve supply, we can readily understand why so frequently in operations in this situation shock is altogether out of proportion to the extent of mutilation. The immediate operative-mortality in hemorrhoidal operations, at St. Mark's Hospital, London, was but 1 to 670 operations. Allingham, in 1,600 operations, had no deaths.¹ This was much lower than Cripps' or Carding's.

But if the *operative mortality* is low, the consecutive pathological lesions and effects on the general system are many in those on whom operations are performed which entail the loss of blood or mutilation of tissue.

Cripps,² in speaking of the consecutive or secondary hemorrhage, says:—"There is nothing which so taxes the resources of the surgeon as in cases of recurrent hemorrhages after operation. The dangers are grave, the patient and friends being powerless in the emergency, and are wholly dependent on the surgeon's prompt action."

But supposing the surgeon cannot be found until the escape causes mortal symptoms, or is only controlled when so much has been lost as may forever leave a shattered constitution, the consequences must be disastrous. Hence, those hemorrhoids which admit of a cure without the scalpel should be treated by such means as will not imperil our patients' lives or leave the parts favorable to other subsequent lesions.

SURGICAL PROCEDURES COMMONLY EMPLOYED IN NON-HEMORRHAGIC HEMORRHOIDS.—Injection, ligation and excision are the most common means resorted to by surgeons until recently. Not long since Whitehead devised an operation which takes his name. Its complete performance always entails a considerable sacrifice of

¹ Allingham on the Rectum, p. 127.

² Cripps on Diseases of the Anus and Rectum, p. 110.

healthy enteric tissue, a large loss of blood and a tendency, on union, of a subsequent annular rectal stricture. When primary union fails, after the operation, an enormous hiatus in the rectum remains, which only heals after a long lapse of time, by a tedious process of granulation.

If it were not for the dangers of secondary hemorrhage, and impossibility of preventing infection of the wound, the complete and radical excision of the masses would be a most satisfactory operation.

Ligation is not as useful as one might suppose. It is quite impracticable in hemorrhoids high up as well as in those with broad, sessile bases. When the rectum is the seat of active inflammation, or when degenerative interstitial changes in the walls of the hemorrhoid have occurred, we can do nothing with the ligature. The range of the employment of ligatures in hemorrhoids is definitely limited, and when employed in selected cases, many cases have been permanently cured.

It is well to note the phenomena by which the evolution to health is effected. The necrotic gangrenous changes in the hemorrhoid often produce a tendency to consecutive fistula at the root of the sloughing tumor.

Injection directly into the hemorrhoid of coagulating or caustic substances is another expedient. It is unnecessary to name all the substances which have been employed for this purpose. Suffice it to say that their name is legion. Their *modus operandi* is on the theory of an irritant, mechanical inflammation, with an aseptic shrivelling or resorption and atrophy, which effaces the hemorrhoids. Crystal carbolic acid reduced by heat has met with the most favor; a drop or two injected into each mass. The operation is simple, but we can readily see that except in distinctly pedunculated piles, this phenating of the inner walls with an escharotic will not avail. In those masses composed of mixed vascular, angiomatous elements, it has no place, and is almost certain to cause future trouble if resorted to. There are many other operative procedures which are, however, with few exceptions, all derivatives of the three above named.

HEMORRHAGIC HEMORRHOIDS, OR BLEEDING INTERNAL PILES.—A contribution on hemorrhoids, it is feared, might be regarded as inexcusably defective, if it did not make some reference to *bleeding piles*. Hence, before concluding with the subject of treatment of the non-hemorrhagic variety, this phase of the disorder should be glanced over.

Without entering into the subject of the pathology of this phase of the malady under consideration, at the outset, we may ask, assuming that a correct diagnosis has been made, is it always judicious to interfere in those cases in which the loss of blood is not of such frequency or quantity as to make its impress on the general health? My impression is that for those who

live on rich food, take insufficient exercise, or manifest a propensity for internal inflammation, an occasional spontaneous rectal phlebotomy is often most salutary in its consequences.

¹Montague reports a singularly interesting case, cited to him by Larroque.

A mademoiselle, a lady of rank, he says, on approaching the age of puberty was pronounced by skilled physicians hopelessly ill with pulmonary disease. But her menses coming on, all her lung symptoms vanished. At the age of 44, her menopause arriving, pulmonary symptoms again set in in an aggravated form. Now, she had a copious hemorrhoidal flux, and perfect health was again restored. These bloody fluxes continued from the rectum, from time to time, till she was 66 years old, when they ceased, and the lung symptoms now set in with mortal effect.

Bodson of London, in 1832, reported another remarkable case in the *Lancet* for January of that year, which seemed to strongly confirm Montague's view.

He was consulted by a young gentleman of 24 years of age, who had been married two years. He was emaciated, stooped and feeble. Examination of the chest revealed clear evidence of incipient pulmonary disease. Thinking that perhaps the young man had indulged excessively in the conjugal relations, he was ordered to sleep in another bed from his spouse. This, however, had no effect. Now, Bodson remembering that he came from a hemorrhoidal family, determined to try the effect of bleeding at the anus.

With this end in view he applied eight leeches at the verge of the young man's rectum, with the most desirable effect. The cough ceased. He commenced to gain in flesh, and was soon wholly restored to health.

But we will meet cases in which the loss of blood is excessive, our patient's health is shattered, and even life threatened. Such a case was sent to me this past summer by Dr. Acker, of Croton-on-the-Hudson. She was bleached as white as marble, and bled terribly. Such cases must be promptly dealt with.

If the hemorrhage is small, simple astringents may suffice. If it be excessive, ice must be passed into the rectum, or even digital pressure employed, until the immediate bleeding ceases. Radical and permanent treatment embraces *complete* anal dilatation, the rolling out of the rectum, and thorough destruction of the fungous mossy masses or papillæ, which occasion all the trouble. The actual-cautery, Paquelins or the galvano, is a sovereign remedy for this condition.

COCAINIZATION, DILATATION AND PRESSURE-MASSAGE AS A RADICAL REMEDY.—Except for bleeding hemorrhoids and those complications

¹Traité des Hémorrhoides, Fluxes, Hémorrhédaire, etc.

previously noted, this therapeutical tripod, employed with the minutest attention to detail, has, in my hands, enabled me to dispense with every sort of cutting operation which entail the loss of blood in hemorrhoids of every description.

The *rationale* of the treatment consists in rigorous asepsis, local analgesia with subcutaneous cocaineization, dilatation and pressure-massage.

To my mind it possesses very great advantages:

- 1st. In avoiding the loss of blood.
- 2d. In avoiding consecutive inspection.
- 3d. In not leaving a condition favorable to stricture.

ADVANTAGES TO THE PATIENT.—1st. The operation is less expensive to the poor, as assistants may be dispensed with.

2d. He may continue at his usual occupation the next day after treatment.

3d. The dangers attendant on pulmonary anaesthetics are entirely escaped when organic disease is present.

PREPARATION OF PATIENT AND TECHNIQUE OF OPERATION.—The day before operation the bowels should be well cleared by a saline laxative.

Before operation is commenced the patient may have a substantial meal.

Before the patient is placed on the table for operation, the colon should be well washed out with sterilized water, and the perineum should be shaved and scrubbed. Now, from two to four ounces of whiskey or brandy should be given; and we are ready to commence preliminaries.

The index-finger being introduced into the rectum, the subcutaneous and intra-sphincteric injection of cocaine solution (1 to 100) is commenced, making but four independent punctures; but, after Reich's plan, spraying the subcutaneous muscular and cellular tissues, in a *radiated* direction, until the entire annular zone of the anus is analgized. This completes the first stage of the operation. Now, a tampon of gauze is introduced, as high up as the vesico-rectal fold of the peritoneum, and a long, thin fringe of cocaineized gauze is passed through the anus, as far as the tampon, and allowed to remain for a moment in contact with the nude mucous membrane, when it is withdrawn. Now anal dilatation is completed. This must be thorough, until all resistance to the distending digits is at an end. The rectum is then thoroughly flushed with sterilized water, when we commence the third and last stage of the operation.

We now, with the index and middle finger in the rectum, and the thumb resting externally against the verge, separately seize the hemorrhoids and violently compress them between the finger and thumb. If they are very large and numerous, then, in order to do the work of compression radically, the intestine should be propped slightly, and each caught and separately

emptied of their blood; and have the walls well rubbed together, being alternately compressed and twisted on their bases or pedicles, until we are assured of an active, traumatic inflammation immediately setting in. When there is a large cluster on the outside in order to make analgesia doubly certain, douche them with a syphon of acid carbonated water, or, in want of these, pour a pitcher of iced water from a height slowly on to them. These are seized and twisted in the interval. The rectum is again flushed and the tampon removed, when an opium suppository is introduced. Now, as the sphincter power is temporarily crippled, there is an escape of fluid faeces, unless we adjust a firm, substantial compress, which, while obstructing them, gives great comfort to the hemorrhagic parts.

When pressure-massage has been thoroughly carried out there is practically nothing more to do. Consecutive inflammation effectually destroys the endothelial lining of the hemorrhoids; their bloody contents, first coagulating, disintegrate and are absorbed in time, leaving, as a residue, a few scattered atrophied stalks to mark the former site of the hemorrhoidal varices.

For the past two years this has been the procedure which I universally employed in hospital and out of it. The number, during the past year, was unusually large, and, as far as we could follow the cases, or trace them, through the physicians who sent them, the results have in all cases been satisfactory and the cures permanent.

For the village and country practitioner the method is a most valuable acquisition, commending itself equally for its simplicity, efficacy and permanence of cure.

PRURITUS ANI.

R.—Hydrargyri chloridi corros., gr. ij.
Acidi hydrochlorici gtt., x.
Aquæ..... ʒ viij.

M. S. Apply locally, lukewarm.

—Laplace.

R.—Argenti nitratis..... gr. xx.
Aquæ..... ʒj.

M. S. Paint over itching surface.

—Bartholow.

R.—Cocain. hydrochlorat..... gr. v.
Lanolini..... ʒj.

M. S. Apply locally, after washing with warm water.

—Besnier.

R.—Acidi carbolici..... gr. vj.
Aquæ..... ʒj.

M. S. Apply thrice daily.—Heath.

R.—Benzoini, pulv. finiss..... ʒj.
Hydrargyri ammonial..... ʒ ss.
Lanolini ʒj.

M. S. Apply twice daily. Avoid coffee, malt liquors, sugar and excess in meat.—Waugh.

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.***EDITORS :****A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.**
London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, MARCH, 1893.

Dr. Blackader has been elected to the Indoor Staff of the Montreal General Hospital, to fill the vacancy created by the death of Dr. George Ross. He had not any opposition. The only person who could have made the contest a lively one did not, for reasons best known to himself, materialize as a candidate, so the worthy doctor had a walk over. We congratulate him on the bother, worry, annoyance and loss of temper which was thus saved him.

The vacancy created on the Outdoor Staff by Dr. Blackader's promotion, brought about two hundred governors to the Hospital to vote. Dr. C. E. Cameron and Dr. Lafleur were the candidates. The former, backed by a few friends, made a splendid fight; but the influence of McGill was for Dr. Lafleur, and it carried the day by a small majority.

We think Dr. Cameron and his friends now know how he might have been elected. If they don't—we do.

The whole subject of Medical attendance at the Montreal General Hospital must come up for discussion, just as soon

as the old wing is made new. In the meantime, it might be just as well for the profession in Montreal to think the matter over.

We believe a thorough reorganization of its Medical Staff is essential. The institution is outgrowing the combination which has for years practically controlled it. Montreal is becoming a large metropolitan city, and those connected with Medical schools are but a small minority of the profession. Let outsiders insist that they have rights. They have the power to make those rights felt, and they should do it.

The union of McGill and Bishop's Meds. at the Academy of Music on the occasion of the recent University Medical night, is a good omen. It was pleasant to see the flags of both Schools hanging from the gallery, while the voices of the two Schools blended in melodious notes. The combined procession, after the performance was over, visited several of the professors and serenaded them. They were very enthusiastic when they arrived opposite the house of the Dean of Bishop's College Faculty of Medicine. He appeared at the window, and gave the boys some good advice which they evidently appreciated, as they loudly declared before they left that "he's all right."

The new professor of Pathology at McGill, Dr. Adami, has created a most favorable impression. We cordially welcome him to his new position and work. If physiognomy is true, then Dr. Adami must be a good fellow, and such are always welcome in Medical circles in Montreal.

Were Dr. Adami's remarks at the McGill Medical Dinner in December last intended to be sarcastic, when, in replying to the toast of the Faculty, he said

that it was the first temperance dinner he had ever attended? Temperate it had been to him and those near him, but as he stood up and looked before him, if the array of dark-colored bottles was any indication, then it was not a temperance dinner.

The worthy professor said that as his little speech was the first he had made in Montreal, he felt that a little stimulant would not be a bad tonic. A representative of a rival Medical school having become surreptitiously possessed of some of the article, passed it to him. The compliment was appreciated, and showed the full confidence he placed in the people among whom he had come to live. No suspicion of a poisoned cup troubled his mind, even although it came from an opposition member.

Bishop's College was the first to start annual Students' Dinners, and it was fully intended that they should be on temperance principles; others followed, and McGill at all events followed closely in the temperance line. For the first two or three years, so far as having anything of the character of wine on the table, their temperance character was pretty well observed. But oh, what a terrible lot of men the students had to go and see.

Now, their apparently temperance character is not so marked, but we question if less liquor is not drank. Certain, at all events, they are a vast improvement on the old time "footing spees."

The Medical Staff of the Ottawa Protestant Hospital have had a tussle with the outside profession, and have come off second best. The outsiders complain that only the Staff are permitted to attend patients in the private wards of the Hospital. In other words that an yone who,

either from choice or force of circumstances, occupies a private ward, must select his Medical attendant from the Hospital Staff.

This is a monopoly with a vengeance, and we congratulate the profession in Ottawa that they have at last had courage to protest against it. Their courage also carried their point. At a meeting of the local Medical Society held on the 14th January, the matter was brought up for discussion. A telegram to a Montreal paper says, the debate lasted "five and a half hours, and was of a very lively character." A resolution of the Society, expressing itself in favor of the private wards being thrown open to all legally qualified medical men in Ottawa, was carried by a large majority.

Then a new and unexpected change of base was inaugurated. The outside doctors said they would be willing to forego what they had been contending for, if private wards were abolished. The opinion was expressed that such wards should not be connected with a Hospital supported by public subscription. A resolution to that effect was unanimously passed.

What a singular termination! To us it looks like the Hospital Staff, finding themselves beaten, had cunningly laid a trap into which the outsiders stupidly fell; that they would rather have the private wards abolished than allow outside men to use them for their patients. In gaining this point, however, all who voted for it committed themselves to an expression of opinion which will find few sympathisers.

That opinion was adverse to the establishment of private wards. In this they are wrong. Private wards are in reality an essential part of all hospitals, especially in large cities. They, however, never

should be a tax on the Hospital funds; on the contrary, they should be a means of contribution to the general support of the institution.

While looking after the mote in the eyes of our brethren at Ottawa, how do we stand on this very same question in Montreal? Not just where we think we should. The private wards of the Western, Notre Dame and Hotel Dieu hospitals are open to the entire profession, but those of the Montreal General Hospital are closed to all but members of the Staff. It is true this institution now has but few private wards; still if vacant they should be rented to the first comer.

When the old wing is remodelled, there will be an increased number of private wards. The "General" is a democratic hospital in a sense, and the outside Medical profession can make themselves heard if they desire to do it. Perhaps they may. The movement in Ottawa was a surprise. Is there another in store for us here?

THE MEDICAL BILL.

After a good deal of knocking about between the two branches of the local legislature, the proposed new Medical Bill for the Province of Quebec has been withdrawn. It had some good points in its favor, but what killed it was the reciprocity clause which allowed foreigners to be licensed without examination. The Universities were naturally opposed to having their rights and privileges curtailed by having their graduates compelled to pass another examination before the Provincial Board. If the latter learned body will excuse us for making a suggestion, we would urge it to do well two things which it already has full power to do: First, to limit the number of practitioners by raising the standard of candidates who are about to begin the study of Medicine, so that it would be impossible for

those who are uneducated and unrefined to become medical students after a few months' training; and second, to employ a detective and a smart young lawyer to harass and persecute in every possible way the numerous charlatans who infest the Province. We feel sure that no one would begrudge the annual fee of two dollars if the College of Physicians would do something in return for the money. But we cannot wonder at the young practitioner objecting to pay to the funds of the College when he sees the latter allowing advertising charlatans to take in by their nefarious methods as many hundreds of dollars in a week as he does in a year by hard and honest work. The officers of the College may say that it is difficult to prevent these eminent quacks from practising here, but the Ontario College succeeded in driving them out of the country, and the authorities in Ireland succeeded in landing them in gaol or penitentiary; so that the thing is not impossible.

The raising of the standard by the Medical Board above referred to would only apply to those who desire to practise in this Province; the universities may safely be left to deal with the question of the entrance examination of those who intend to practise elsewhere. If the miners of British Columbia or the lumbermen of Michigan and the medical boards of these countries are all satisfied with an M.D. who knows nothing of Greek or Metaphysics, that is their affair and not the business of our Medical Board, which has only to look after those practitioners who are manufactured for use in the Province. As we have often said, each Province or State should see that its own professional men are not subjected by over-crowding to too keen a struggle for existence.

ALBUMINURIA AND LITHÆMIA.

We are pleased to notice in an editorial of the *Northwestern Lancet* of 15th Feb.,

1893, with the above heading, that the same views are expressed as have often appeared in our own columns regarding the curability of albuminuria when it is associated with either oxaluria or lithæmia. The writer does not seem to see the direct relation of the lithæmia and oxaluria to the albuminuria. As we have already pointed out, urine loaded with either is exceedingly irritating, probably because there are many fine sharp-pointed crystals in it held in suspension, which in passing down the long fine urinary tubules scratches their mucous membrane. That these crystals exist there can be no doubt, for we sometimes find them remaining in the calyx of the kidney and forming the nucleus of a stone in the kidney; at other times they pass down to the bladder and act in the form of gravel. We have many times seen patients with not only albumen but also casts, whose urine became perfectly normal under treatment with diuretics and copious draughts of pure or slightly alkaline water. The whole trouble is due to eating too much in proportion to the mechanical work performed, and then not drinking enough water to wash out the partly burned nitrogenous products. Our confrère says that in chronic nephritis the urine is generally clear and free from urates. The last paragraph of his editorial is especially worthy of consideration, and we therefore quote it in full:—

The importance of carefully distinguishing between these two forms of albuminuria cannot be too strongly dwelt upon. The importance is first of all to the patient, who must suffer cruelly in mind from an error in diagnosis. Next concerned is the reputation of the physician, who is led through a too hasty conclusion to commit a serious error. But the profession as a whole is deeply concerned whenever one of its members in good standing makes a mistaken diagnosis of so serious a disease as chronic nephritis, for when the victim

fails to die, contrary to all expectation, it brings the whole science of Medicine into distrust, and it is no doubt just such cases as these described that have made the reputation of some "Safe Kidney Cure" or "Golden Medical Discovery," which flaunts abroad testimonials from men given up to die of Bright's disease by reputable medical men.

A NEW JOURNAL.

The *Woman's Medical Journal*, devoted to the interests of Women Physicians; it is edited by E. E. Roys-Gavitt, M.D., and Claudia Q. Murphy, managing editor; business manager, Margaret L. Hackadorn. Recorder Publishing Co., Toledo, Ohio. Price \$2.00 a year. We extend to our youngest sister a hearty welcome, for, as she says, no matter how full the ranks of medical journalism may be, there is always room for one more. This one's first number presents a very promising appearance, and will no doubt receive as it should the unanimous support of the ever-increasing numbers of female physicians throughout the world. We wish it success.

LAVAL UNIVERSITY.

This time-honored institution has for some years past been arranging for suitable accommodation for its Montreal Medical Faculty. Although wealthy, the expenses of its medical and other faculties have been so much greater than the receipts from them, that it has not been able so far to provide the necessary amount of money. The Sulpicians have generously come to its assistance with a gift of \$104,000, and work is to begin immediately on the new building, which will be situated on St. Denis street near Sherbrooke street. Laval has done a noble work in the past in the cause of higher education, and has made many a financial sacrifice rather than lower its standard of excellence. Among the latter may be instanced just two: that of remitting half the lecture fees to those medical students who would first take the degree of

B.A., and that of sending to Europe for further study, at its own expense, young graduates in Medicine who showed marked ability for teaching. From its very inception the *annus medicus* at Laval has always consisted of ten months, while other universities are only recently seeing the necessity of keeping the student at work for more than six months of each year. We feel sure that with a well equipped school in this great city, and with two large hospitals at its disposal, it will reach a higher point of eminence than it has ever reached before.

CORRESPONDENCE.

214 HOME INS. BUILDING, CHICAGO, ILL.

January 31st, 1893.

To the Editor:—

SIR,—Herewith please find the circulars of announcement of the International Congress of Charities, Correction and Philanthropy, which is to be held in Chicago during the week commencing June 12th, 1893.

Your attention is particularly directed to the work of Section 3, which "covers the Hospital Care of the Sick, the Training of Nurses, Dispensary Work, and First Aid to the Injured."

We respectfully request that you give the Congress all the attention your inclinations and space will allow, in order that it may have as wide a publicity as possible.

The Committee of Organization is very desirous of securing a large attendance from abroad, in order that the Congress may have the greatest possible beneficent effect upon the philanthropic and penological work of the world; and it trusts that you will aid it in every possible way through your valuable Journal.

Thanking you in advance for any favors you may extend to us, I have the honor to be,

Yours very respectfully,

NATHANIEL S. ROSENAU,
Sec. Committee of Organization.

PRELIMINARY MANIFESTO OF THE SECTION OF
NERVOUS AND MENTAL DISEASES OF THE PAN-
AMERICAN MEDICAL CONGRESS OF 1893.

St. Louis, Jan. 13, 1893.

*To the Editor of THE CANADA MEDICAL
RECORD, Montreal, Canada.*

DEAR DOCTOR,—I take pleasure in transmitting herewith a manifesto of the preliminary

organization of the important section of Psychiatry and Neurology of the forthcoming Pan-American Medical Congress, with request that you publish the same in your estimable Journal with editorial endorsement, and cordial invitation to the medical profession of your section to co-operate in promoting the success of this Section at the coming Congress, by suggestion, by offering papers to be read, by promptly signing as members, by letters and by advice to the Executive President of the section, or to its English-speaking Secretary Dr. A. B. Richardson, Columbus, Ohio.

Valuable papers have been promised from distinguished savants in Neurological and Psychological Medicine, but many more are desired and desirable. The Spanish, French and English languages will be spoken in the section, and it is especially desired to secure as good a representation of the profession and make as good an exhibit of the advance in Neurology and Psychiatry as may be possible.

This, together with a desire for closer confraternity between the profession of the North and South American States, as well as the welfare of our common humanity, of which the coming Congress will be promotive, are chief among the exalted purposes of this section.

Physicians who may desire to identify themselves with this Section are requested to do so at once.

Fraternally,

C. H. HUGHES,

Executive President Section on Diseases of
the Mind and Nervous System. Pan-American
Medical Congress.

BOOK NOTICES.

A TREATISE ON DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE, by Joseph M. Mathews, M.D., Professor of Principles and Practice of Surgery, and Clinical Lecturer on Diseases of the Rectum, Kentucky School of Medicine; Visiting Surgeon Sts. Mary and Elizabeth Hospital; Consulting Surgeon Louisville City Hospital; Consulting Surgeon Jennie Cassady Free Infirmary for Women; late President Mississippi Valley Medical Association; President Louisville Clinical Society; Vice-President Louisville Surgical Society; Member International Medical Congress, American Medical Association, Southern Surgical and Gynecological Society, Kentucky State Medical Society, State Board of Health of Kentucky; orator of the American Medical Association on Surgery, 1891, etc. With six Chromo-Lithographs and Numerous Illustrations. New-York: D. APPLETON & COMPANY, 1892.

The author says:—I have written this book because of a desire to record my indivi-

dual experience of fifteen years as a rectal specialist, in answer to the demand of my students and friends. During this time I have learned that many things that are taught are not true, and that many true things have not been taught. I have, therefore, not taken other men's opinions as my guide, but have accepted as truths only those things which could be substantiated by fact, and here recorded them. In differing from others on any special point, I have tried, first, to state fairly and fully their views, and then my own. The verdict is left to the reader. I have introduced several chapters which are new to books on this subject. Among these will be found the following: Disease in the Sigmoid Flexure, the Hysterical or Nervous Rectum, Anatomy of the Rectum in Relation to the Reflexes, Antiseptics in Rectal Surgery, a New Operation for Fistula in Ano. I have styled the book: A Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure. In embracing the sigmoid flexure in the caption, I do so because I have become convinced of its great importance as a seat of disease and the utter lack of attention which it receives. From all time it has been recognized that serious pathological changes take place in it, but the works are singularly silent as to how to treat it when diseased. The chapter on The Hysterical or Nervous Rectum is embraced mainly to give my reasons for opposing some views of the learned and distinguished Prof. Goodell. The chapter on the Anatomy of the Rectum in Relation to the Reflexes is made to follow that of the Hysterical Rectum, in order to account for some vague affections of the lower bowel. The subject of the "reflexes" is one of the most important before the profession to-day. The chapter on Antiseptics in Rectal Surgery is inserted to demonstrate that such precautions can be practised in this line of work. A New Operation for Fistula in Ano refers to my method of treating the disease by a *fistulotome*. Although several have claimed the introduction of this little instrument, the dates, I am sure, will give me priority.

Although we have only had this work in our possession since a couple of weeks, we have consulted it freely during that time, and have already learned much from it which has been of practical value to our patients: To mention one only, we had a case of papillomatous ulceration of the sigmoid flexure, in which the patient had been obliged to get up from six to twelve times a night for several years, and only passed blood and occasionally papillomatous tumors the size of a bean. We were unable to find anything in any of the books concerning this condition, but on looking it up in the work under review, we find that the following was recommended to be injected:

B. Sweet almond oil	oj
Subnitrate of bismuth	3 ij
Iodoform	3 j

M. SIG. — Shake well each time before using.

The point of a Davidson syringe should be tightly fixed into the larger end of a Wales rectal bougie; the bougie, well anointed with vaseline, should be pushed into the rectum about three or four inches, and then one syringe of hot water thrown in front of it. It can then be passed into the sigmoid flexure. One bulbful of the oil preparation should now be drawn into the syringe and injected. An additional bulbful of hot water should now be drawn into the syringe, and thrown behind the oil, thus pushing it all into the sigmoid flexure. The instrument is then to be withdrawn and the patient told to rest on left side, the buttocks elevated.

The author gives many interesting cases, showing how often serious disease of the rectum is overlooked simply for lack of making an examination. He gives very many valuable methods of treating fistulæ, but we are surprised not to see any mention made of the modern method of opening up the fistulous tract, carefully dissecting it out and then replacing the cut surfaces in exact apposition so as to obtain union by first intention. We recently performed this operation, and after dissecting out the fistulous tract we denuded sufficient surface to repair a lacerated perineum with commencing rectocele. The parts healed by first intention, and all stitches were removed at the end of ten days, absolutely without pain after the first day or two, instead of leaving an open suppurating sore for many weeks. The book is liberally illustrated, and the mechanical work is fully up to the Appleton's high standard. It may be obtained from all booksellers or from the publishers.

HANDBOOK OF INSANITY FOR PRACTITIONERS AND STUDENTS. By Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum, and Privat Docent at the University of Kiel. Illustrated with eleven plates. New-York: WILLIAM WOOD & COMPANY, 1893.

This is one of the Medical Practitioners' Library, and is a translation of the well known German text book. It is one of the most complete works on the subject we have ever seen. The author is certainly very advanced in his views on these diseases, being totally opposed to restraint and a firm believer in gymnastics or other active exercises and occupations as curative agencies. It is difficult to give any adequate idea of the scope of the book in a review, but the general practitioner who desires to obtain the latest views on the treatment of insanity can hardly do better than to purchase this book.

The Canada Medical Record.

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MONTREAL, APRIL, 1893.

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VALEDICTORY ADDRESS ON BEHALF OF THE FACULTY, READ AT BISHOP'S COLLEGE CONVOCATION, April 5th, 1893.

By W. GRANT STEWART, B.A., M.D.

GENTLEMEN,

This is one of the red letter days of your life's history. The long looked for day has come, and you are full fledged M.D.'s at last. For four years we have steered your bark through the difficulties and dangers of college life; and now to-day, with flying flags and favoring breezes, we send you forth on the wide ocean of life as captains of your own fortunes. You have our good wishes, and with interest we shall watch your progress. Your success will be our success; and as you reflect credit on yourselves, in so far will you reflect credit upon us your teachers and shed a lustre over your beloved *Alma Mater*.

You have chosen a profession than which there is none more noble. We congratulate you upon your choice. And if you can only realize the dignity of your calling, and strive ever to be men earnest and true, to be diligent and faithful workers, success will come. The road to success is no easy one, but oftentimes long and arduous and rugged, but "all things come to him who waits." You will all have to wait, and wait patiently, for practice. Don't expect a rush of patients the first day or week or month that your plate is on the door. But this waiting time need not be wasted time. Read, read and study and ever be students. Don't go away with the idea that all that is worth knowing in Medicine is stored away in your little brain. When you get into practice, you will find that there are a few things, perhaps many things,—in fact, a great deal—that you have yet to learn, and that you have only been picking up crumbs of knowledge. This is an age of advance

and progress, and no science is making greater strides than Medicine; then advance with the times, acquaint yourselves with the work of others by reading books and monographs and medical journals. Life is short; select the best and study them well. Be systematic, and carefully improve your time. Time is often said to be money; but, as Sir John Lubbock says, "it is more—it is life; and yet many who would cling desperately to life think nothing of wasting time."

Now that you have graduated, you will of course be looking around you for a place to settle in. Don't be in a hurry. Settle, if you can, in a growing place, some place where you will permanently locate and grow with the place. If you move too often it will seriously interfere with your prosperity and advancement.

Some of you will doubtless settle down in the quiet retirement of country life, far from the ignoble strife and worrying cares of city life, and there in peace and plenty along the cool sequestered vale of life pursue the even tenor of your way and do a good and noble and useful work.

Some of you may make your home in some ambitious village which your foresight sees in years to come a thriving town and busy city where you shall be looked upon as the old and leading practitioner.

Some of you may at once launch out in the busy mart and great city. But wherever you settle, be it in the quiet country the ambitious village, or the great city, if you would succeed and I would say here start out on your career with the determination that you must and will succeed—I say if you would succeed you must commence by being painstaking and earnest students. And "whatever your hands find to do, to do it with your might." Life is made up of a mass of little things, but the way to succeed is by attention to the apparently trivial things and doing them well.

Be always neat and tidy, People do

not like an untidy doctor. And always act the gentleman. Am I going too far when I say it will be to your advantage to be total abstainers? I think not. You will be physically, mentally and morally better. If at the commencement of your career you are thought to be a drinking man, mark my words, it will act as a brake to your success, and it will very materially interfere with your progress. Nor is this mere sentiment. Many a young man, whose bark like yours has started out with flying colors, has been sadly wrecked on the rock of intemperance, and his life has been to him and to his friends worse than a failure.

When you locate, try and get near a corner when you can. Don't start in a back street and hide your light under a bushel. Have a neat and tidy office. You will find that this will pay. Show people that it is the office of a real hard worker and that of a man who is first and last and always a physician.

In your conduct with your confrères be always straightforward and honest. At the outset of your career you might make a few more dollars by being unprofessional but remember that life is ahead of you—and, I trust, a long one; remember that the kindly feelings and the respect of your confrères is worth more than a few extra dollars that might be in your pocket. I you are earnest and industrious men you can all gain practices in a legitimate way. Your talents will be appreciated some day. Don't feel disappointed at the rebuffs and snubs you will occasionally meet with. Some people would not have Dr. So-and-So to doctor their cat. Others would not have Dr. So-and-So; he is a mere boy. Don't fret or be discouraged, you are remedying these things fast every day. Live down the snubs and rebuffs. Some day you may yet be the respected friend and physician of that same family, and your advice and counsel may be sought after by your confrères who may now pass by on the other side.

It will be necessary for you to have business tact as well as professional ability. Ofttimes the learned and skilled physician may be left behind in the race of life by some one who perhaps knows much less but who has tact. In Medicine as in business a man's manner often has a good deal to do with his making his fortune. Don't for a moment think that I would discount skill and talent; but add to these the manners of the true gentleman and the way to success is certainly easier. Cultivate a cheery, pleasant manner; when you go to see your patients carry sunshine with you. "A merry heart does good like a medicine." Your whole duty does not consist in writing out prescriptions or diagnosing disease. Cultivate the gentle touch of sympathy.

"Of kindly hands to feel the pressure true,
A word of hope—such trifles will renew
The sinking heart, give courage to the mind,
And like the soft sweet breath of summer wind
Upon a bank of drooping flowers, which blow
'Mid rain and sleet, but now revive anew,
So in our lives, such influences kind
Will make the sorrowing heart a home of joy,
All that oppressed before and caused annoy
Seems eased of half its load."

Most of you, no doubt, will start as general practitioners, and I think you do wisely and well. Practise as such for a few years and get a thorough knowledge of general medicine. If then there is any specialty for which you have a preference, devote your time to it. If you would succeed as a family practitioner you must have the mother on your side; if you have not the full confidence of the mother you will be sadly handicapped. She cares not whether you can diagnose a tumor in the motor area of the brain or remove a kidney. She wants a man who can tell her how to make a poultice and how to arrange all the little details of the sick room. She wants a physician who is affable and pleasant; a physician who will patiently listen to her as she relates in her own way all the real and fancied ills of her baby; a physician who can give that undivided

attention as if her baby was the sole and only baby in the world. She wants someone whom her children will love and respect. The man who has these qualities with a fair amount of professional ability will often succeed when perhaps a more learned confrère may be left behind.

Do not be stinted in your services to the poor. "The poor ye have always with you." We do not always work for the amount of dollars and cents we make out of our profession, and you will find it a pleasure indeed to minister to the poor; and the gratitude one ofttimes receives from the poverty-stricken sufferer is far more heart-satisfying than the rich man's gold. Be kind then to the poor. This is one of the privileges of our noble calling. Remember that kindness to the poor is bread cast upon the waters which will surely return to you after many days.

"His life is longest, not whose boneless gums,
Sunk eyes, wan cheeks, and snow-white hair bespeak
Life's limits; no! but he whose memory
Is thickest set with those delicious scenes
'Tis sweet to ponder o'er when even falls."

Emulate the examples of the great men who have preceded you, Sydenham, Abernethy, Simpson, Richard Bright, Palmer, Howard, Geo. Ross—these are names that shine out on the page or medical history. Of Richard Bright it has been said that he was sincerely religious both in doctrine and practice, and of so pure a mind that he never was heard to utter a sentiment or to relate an anecdote that was not fit to be heard by the merest child or the most refined female. Of all these illustrious names Geo. Ross perhaps comes closest to us. Although he was not intimately connected with our own school, yet he was a man whose attainments and ability and intellect were retained by no one school. A man he was whose reputation extended from sea to sea. And throughout this continent to-day his memory is respected and his loss

mourned by hundreds of successful practitioners. To know him was to love him ; to know him was a liberal education. George Ross has gone, but he has left an unsullied name behind him. Such lives are like "rays of sunlight which gladden the world while they shine, but leave it dark and chilly when they depart. Oh! for an art in the moral sphere, equivalent to that of the photographer in the material, whereby we might seize and fix and perpetuate those rarer rays which stream through the mass of human history like veins of feldspar in a quarry." Take such examples and let your ambition be fired and your enthusiasm be rekindled as you read and think of such great men.

"Lives of great men oft remind us
We can make our lives sublime,
And departing leave behind us
Footprints in the sand of time."

You are now going forth to fight disease and death. Remember that prevention is better than cure. One of your great duties will be to try and prevent disease. "To what extent the prevention of disease, the prolongation of life and the improvement of the physical and mental powers may be carried, we do not know. Yet, that the average length of human life may be very much extended and its physical powers greatly augmented ; that in every year in this commonwealth thousands of lives are lost which might have been saved ; that tens of thousands of cases of sickness occur which might have been prevented ; that a vast amount of unnecessarily impaired health and physical debility exists among those not confined by sickness ; that these preventable evils require an enormous expenditure and loss of money, and impose on the people unnumbered and immeasurable calamities, pecuniary, social, physical, mental and moral which might have been avoided ; that means exist within our reach for their mitigation or removal, and that measures for prevention

will effect more than remedies for the cure of disease, will probably be admitted by everyone who has carefully studied the subject."

"Disease and death are parts of the plan of creation," so says Cathell. Disease daily afflicts millions of earth's children in every clime, while death on his pale horse is busy from pole to pole. Fear of the former and dread of the latter are parts of human nature, and these (fear and dread) cause mankind everywhere to employ physicians: the prince in his palace, the peasant in his cottage and the beggar in his hovel ; the citizen in his mansion, the laborer in his shanty and the felon in his dungeon ; the millionaire and the penniless ; the prince and the conqueror ; the lord and the serf ; the sailor on the pathless ocean and the soldier on the tented field ; the purple of authority, the ermine of rank and the rags of squalor ; the man of religion, the man of law, and the man of science ; the Christian, the Jew and the Pagan ; the pale-faced Caucasian, the painted Feejee and the oily savage on the burning plains of Africa ; the tattooed, naked, fierce and brutal New Zealander and the sinewy savage of our own far West ; those in the blood-chilling Arctic regions and those in the pestilential swamps and jungles of the tropics ; man, man, man ! sick and suffering man everywhere turns to our guild for relief. Yea, we stand at the gates of life as humanity enters the world, and at the gates of death as it goes out of it. And the children of Adam everywhere at noon and midnight, from helpless infancy to old age, in dread of the sick bed and death bed, the hearse and the grave, turn their eyes and their hearts to the physician whenever sickness seizes or death threatens to hurl the spear which strikes but once.

Bear therefore the greatness of your trust and the responsibility of your almost divine mission. Remember at all times

that every phase of your conduct, every word you utter, every look, every nod of your head, tremble of your tongue, quiver of your lips, wink of your eye and shrug of your shoulders will be observed and considered. Therefore strive to make your manner and your methods as faultless as possible, and strive to do the greatest absolute good for each one of your patients

Gentlemen, I could not close without giving you the words of an eminent surgeon on the spirit that should animate the true medical man : " Our manners should ever be the expression of the habitual frame of our mind, and the habit and temper of mind which should animate us in our ministrations to the sick. I can in no way so well indicate as by reverently paraphrasing the words which so expressively tell us of the Divine Physician's tender care and true sympathy for us in our soul's sicknesses, namely, we must be touched with a feeling of their infirmities. The refining and elevating influence of such true sympathy will keep us from ever making our noble office subservient to any ignoble end ; and though it may interfere with our becoming rich, yet it will raise us into a higher and purer atmosphere above the petty vexations and disappointments of professional life. For what if by overwork we become neither rich in worldly wealth nor great in the world's esteem ? Surely a good name is rather to be chosen than great riches, and loving favor rather than silver and gold ; and though we may achieve no social distinction, we may, by the Divine help, one day find, as many have found who have now gone to their rest, that the conscientious discharge of our duty in that profession which brought us neither wealth nor rank has been to us none other than the house of God, aye the very gate of Heaven."

Gentlemen, we send you forth. Go, go, and do your duty. Farewell.

VALEDICTORY ADDRESS ON BEHALF OF THE GRADUATING CLASS, READ AT THE CONVOCATION OF BISHOP'S COLLEGE, 5th April, 1893.

BY DR. ARMSTONG.

MR. CHANCELLOR, MEMBERS OF CONVOCATION, FELLOW-STUDENTS, LADIES AND GENTLEMEN.—

On looking back at a period four years ago, one easily remembers a group of students gathered at Bishop's College, all of whom were anxious to be initiated in the healing art. Since then many of them have dropped out, but their places have been filled by others. Among those students were a few from a distant land in the sunny South—an island in the Caribbean sea, whose seasons are untarnished by frost and snow, on whose shores and hills are strewed vegetables in their tropical luxuriance and natural beauty, and whose plains and valleys are rich in fruits, flowers and ferns of every variety. This island—Jamaica—has had for several years many of her sons educated at Bishop's, and I trust many more will find it of advantage to spend some time in this country of snowy mountains, fertile valleys boundless lakes and rivers, of freezing cold and burning heat—a land with immense natural resources, and on whose fertile soil the maple tree stands as the proud insignia of a rising nation.

On looking at the curriculum with its long list of subjects, on all of which we were to satisfy our examiners, we naturally felt timid as to the degree of success which we would achieve. This timidity has not been without some foundation, as the sequel has shewn ; for to-day we stand sadly reduced in number, as little more than half has survived the fatal onslaught of the examination room. For with examiners in front of us, examiners behind us, examiners to the right of us, examiners

to the left of us, for boldly we had worked, and well, many in that conflict fell, but not the present survivors.

The number that has received degrees to-day, entitling them to practise Medicine, although comparatively small, helps to make up the thousands that are annually trained to join the great army of medical men. We have just entered upon a new profession—a noble one, no doubt—but one which we are told is overcrowded. This we do not doubt, but I believe there is still room for earnest workers. We cannot wait for opportunities, but as young men we feel it imperative to *make* opportunities. There is still a wide field in the science of Medicine, the workers are many, but the higher we climb the ladder of scientific researches the fewer are the workers. Fortunately or unfortunately, we all *cannot* reach the same acme of success, but we all *can* be toilers in this field of interesting knowledge; and it is only by making strenuous efforts that we can hope to achieve anything like success. Medicine to-day is far different from what it was in the earlier ages; great advances have been made, particularly on the surgical side of the field. The advances are based principally on the introduction of *anæsthetics* and the practice of strict *antisepsis*. Armed with these two great agencies, the skillful surgeon of to-day can explore and remove with comparative impunity what his forefathers did not probably dream of. While the members of the profession on which we have just entered are to be congratulated on the progress that has been made, particularly in surgery and bacteriological researches, yet we are compelled to acknowledge that Medicine—on the basis on which it exists to-day—*i. e.*, the cure of disease, has not by any means proved a brilliant success, for with the exception of one or two diseases for which we possess almost specific remedies, we can in the majority of cases

do little more than alleviate symptoms and support the frame, until the disease has run its course. We believe that in the not far distant future, the practice of Medicine will be constituted on an altogether different basis, that the *prevention* of disease shall be the main object of the physician's study. At that time in our colleges, the subject of Hygiene, which now receives but a paltry three months course of lectures, will be the most important subject, and shall receive the greatest attention. In referring to that part of Hygiene called Dietetics, the ignorance of whose laws acts as the most fruitful cause of disease, and which now receives but scant attention in our colleges, *can* we not say that this subject is well worthy of as much attention as is now given to any subject in the curriculum?

Medicine demands for its successful practice not only a thorough knowledge of its science and art—which of course is a *sine quâ non*—but it requires a certain amount of judgment and forethought in dealing with the various classes of persons with whom the physician has to come in contact. Acquisition or neglect of this, although apparently secondary consideration, goes far in raising a young practitioner, or in keeping him within the pale of mediocrity. Therefore let us strive to acquire the power of reading the looks, words and actions of our fellows, so that we may interpret their inmost thoughts, for knowledge in this respect undoubtedly gives the practitioner immense power.

Within a few weeks of this, some of us will be on the other side of the Atlantic, to join in the great army of students at the large and well equipped medical schools and hospitals of Great Britain and the Continent—some to study special branches, but *not* to become, as it is now the tendency of many specialists, ignorant of the fact that through the *great* sympathetic diseases of many organs produce

like symptoms; others to acquire that wider knowledge of the various branches of our profession which alone can make a man capable of arriving at a correct diagnosis after due consideration of the various parts of our complex organism.

It may be that some of our first cases will be of that most dreadful of dreaded diseases—cholera. Of course we would prefer not to encounter battle with such a powerful enemy as the comma bacillus, particularly in its intractable form—laying low almost everyone that comes within its range with a rapidity that almost equals in destruction the armament of modern Europe; but if such should be our lot, we must be prepared, and, if possible, keep the enemy from our shores. We believe that should this dreaded enemy of our race make its appearance among us, not one of our number will be found wanting either in an accurate knowledge of the most modern methods of treatment, or in that courage or self-sacrifice which probably more than anything else have throughout all ages characterized the members of our profession.

Before closing this address, I would like to refer briefly to a few points concerning our Alma Mater. During the last session, probably as never before, the students of the Medical Faculty of our University have been conscious of the fact, that while among the advantages of our students may be mentioned the most varied and abundant hospital practice at the service of any student in this Dominion; while we have undoubtedly beyond all comparison the most extensive practical experience in Obstetrics and Gynæcology of all students in this city yet we are conscious of the fact that the public has not yet begun to realize that if our city is to become a grand educational centre, all support should not be given to any one institution.

To my classmates of '93 I would say,

let us remember that we are still students; and if we wish to accomplish anything like success, we must *ever* be students in the truest sense of the word.

To my junior fellow students, I would say that books are the best friends a student can have, and if carefully selected will never betray him. I therefore advise a judicious combination of careful reading with regular hospital attendance, as I think such a course is the only direct road to acquire useful medical knowledge.

And finally, to the different members of our tutorial staff, for their patient, persevering and painstaking instructions, are due our most hearty thanks. Long may they continue to administer to the intellectual wants of the aspirants a thorough knowledge of the healing art.

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, November 25th, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE
CHAIR.

New Members.—Drs. H. D. Hamilton, N. D. Gunn and J. G. Adami were elected ordinary members.

Dislocation of the Eleventh and Twelfth Dorsal Vertebrae.—DR. ARMSTRONG brought before the meeting a man upon whom he had operated for this injury. Last September, the patient, while driving under a gateway, was doubled up between the top of the gate and his load. On entering hospital, on examination, a distinct interval of one and a half inches could be felt between the spines, just as if one had dropped forward. There was no paralysis but marked pain and hyperæsthesia, patellar reflex and ankle clonus absent, and no loss of control over the sphincters of the bowel or bladder. On the third day (the patient having up to that time refused to allow anything to be done), he was etherized, and, after an unsuccessful attempt was made to reduce the deformity, Dr. Armstrong cut down, and found that the articular processes of the eleventh vertebra, instead of being behind the twelfth, had slipped up and become caught, but, on bending the man forward, he managed to get them back into place. The immediate result

was the relief of the pain and hyperæsthesia, but the patellar reflexes are still absent. He had last summer met with a similar case, in which, on failing to reduce the deformity, he had cut down, but found a fracture with injury to the cord. Shede has reported a number of cases, and recommends cutting down and finding out the exact condition; if the cord is much injured nothing can be done, but if spicules of bone are removed, a better result may be expected than if they were allowed to remain.

DR. JAMES BELL emphasized the necessity of early operation in such cases. Experience has shown that not infrequently pressure may be removed and the integrity of the cord restored, while, if left alone, softening would follow. He does not even despair of cases in which there is extensive injury. He had operated upon dogs, and found that the cord can be stretched, but suturing is almost impossible on account of the soft structure. Prof. Maydl, of Vienna, has been making similar experiments, but his reports are not favorable. He (Dr. Bell) thought that it is just as bad surgery to leave such a case to nature as it would be to leave a case of intestinal obstruction.

Excision of the Wrist.—DR. ARMSTRONG presented a man from whom he had removed the wrist joint for tubercular disease. The case was instructive as illustrating the amount of motion that can be obtained, flexion and extension are well performed, and the hand is not in the least oedematous. All the carpus, except the pisiform bone, the ends of the radius and metacarpal bones were removed, but unfortunately the disease has gone on in the pisiform bone and it will have to be removed.

Multiple Aneurism; Aneurism of Superior Mesenteric; Abdominal Aorta; Right Subclavian and dissecting Aneurism of Aorta; Cirrhotic Kidneys.—DR. FINLEY exhibited the specimens from a case of multiple aneurism. The subject was a female, aged 48 years, rather thin, much blanched, and with slight oedema of the lower extremities. A considerable quantity of partially clotted blood was found in the peritoneal cavity. There was an aneurism of the superior mesenteric artery about an inch from its origin, lying behind the pancreas, third portion of the duodenum and the mesentery. On section, the wall of the vessel was surrounded by recently clotted blood, bounded by the above named structures and communicating with the peritoneal cavity by a small opening on the right side of the mesentery. A true aneurism of the superior mesenteric artery was thus formed which had evidently recently ruptured: first, into the surrounding structures, and later, into the peritoneal cavity. A small sacculated aneurism of the abdominal aorta arose just to the left of the celiac axis, and was lined with laminated decolorized fibrin. A dissecting aneurism forming a firm, solid mass in front of

the thoracic aorta and alongside the œsophagus arose an inch above the celiac axis and passed up as far as the bifurcation of the trachea, where it terminated in a blunt conical end. This mass was traversed by an irregular channel containing blood; its wall was formed of a distinct layer formed by the outer coat of the aorta, and was lined with a reddish-colored thick adherent layer of fibrin. A fourth aneurism was found on the anterior wall of the subclavian artery, an inch in diameter, and lined with a thick layer of laminated decolorized clot.

The aorta presented a few gelatinous raised plaques, but no calcareous change. Both kidneys were small, the right weighing 110 grams and the left 100, and presented the microscopic and macroscopic appearances of fibroid change. The heart weighed 350 grams. The left ventricle was thickened, the anterior papillary muscles transformed into a fibroid mass, and the coronary arteries showed a few irregular areas of atheroma. The other organs were normal. The brain was not examined.

DR. SHEPHERD, who had had the patient under observation, gave the following history: For two years she had been troubled with dyspeptic symptoms, with gradual weakness and emaciation. Six weeks before admission she began to suffer from abdominal pain of a continuous gnawing character, and occasionally referred to the back. Three weeks later she suffered from persistent vomiting.

On admission, August 15th, somewhat emaciated, muscles small and flabby. Vomits frequently without any relation to taking of food, and with relief to pain. A pulsating tender mass about the size of a hen's egg is felt two inches above the umbilicus and half an inch to the right of the median line, and readily moved from side to side. Urine normal.

There was a clear history of syphilis, alcoholism and rheumatism.

An exploratory incision was made by Dr. Shepherd on August 17th, and, on pushing the finger well down toward the vertebral column, a pulsating sessile aneurismal tumor was found in front of the aorta, and evidently connected with the superior mesenteric artery. The abdomen was closed and good union took place on September 5th, the pain which continued after the operation greatly increased and the tumor increased in size. Death took place rather suddenly on September 11th, the patient becoming blanched and pulseless.

Dr. Shepherd remarked that he had refrained from tying the artery about the aneurism owing to the probability of causing gangrene of the intestine, as this vessel supplies all the small intestine and half the large. He also remarked on the rarity of aneurism of the superior mesenteric artery, the usual vessel affected being the celiac axis. The other aneurisms had not been recognized before death.

The PRESIDENT remarked that it was most fortunate that Dr. Shepherd had refrained from tying the mesenteric artery. Last summer he had seen two cases of plugging of the mesenteric arteries followed by gangrene of sixty-nine inches of the bowel, death having occurred in thirty-six hours. The diagnosis had been peritonitis.

Double Nephro-lithotomy.—DR. JAMES BELL exhibited calculi, and gave the following history:—

A. B., aged 45, was admitted to hospital in January, 1892, for calculous pyelitis of the right kidney and stricture of the deep urethra. The stricture was first treated by internal urethrotomy, and the right kidney operated upon in March, 1892 (nephro-lithotomy), a large branched calculus being removed. The patient recovered satisfactorily without bad symptoms, but the urine never became quite clear, and, after the wound had healed, and the patient allowed up, the amount of pus in the urine increased. Pain in the bladder was complained of, but exploration failed to discover any stone. The patient was discharged in May but returned in October, weak, pale, ill and feverish, with evident pyonephrosis of the left kidney. The kidney was opened, six medium-sized calculi, with much calcareous debris and many fragments of stone removed with nearly a pint of pus. The operation was not prolonged nor difficult, and the patient was sent back to the ward in good condition. For fifty-four hours after the operation not a drop of urine was secreted; the symptoms were: great restlessness, pallor, vomiting, headache and a small rapid pulse (150); the general symptoms resembled those in a patient suffering from exhausting hemorrhages. The loins were cupped frequently, normal saline solutions infused beneath the skin daily and hypodermic injections of Tr. Digitalis given from time to time. From the time of the first secretion of urine the general symptoms improved, and within a week the patient's condition was excellent; and, now a month after the operation, he is passing daily 40 to 50 ounces of clear urine, containing only a trace of albumen, and the wound is healing rapidly.

The noticeable features of the case are prolonged suppression of kidney function and the spontaneous product of stones in the kidneys. Double nephro-lithotomy for calculous pyonephrosis followed by recovery is also comparatively rare.

Dr. SHEPHERD said that this case showed that we should not too hastily remove a kidney, for, if this man had had his kidney removed last winter, he would not have lived, as the remaining kidney could not have performed its function for the whole body.

Dr. SMITH asked if ether had been the anæsthetic used, as he understood that suppression

of urine often follows the use of ether; he had never heard of such an occurrence after the use of chloroform.

Dr. BELL said that he had never observed suppression after ether, but there are numbers of deaths after operation on the urethra where chloroform had been used.

Dr. G. G. CAMPBELL had never seen suppression after ether,—in fact, he had frequently seen an increased amount of urine.

Excision of the Wrist.—Dr. BELL exhibited the forearm and hand of a woman aged 44, whose wrist he had excised in January, 1887, for tubercular disease; he had removed all the bones of the wrist joint except the pisiform; the result was quite a stiff wrist, not nearly so good as in Dr. Armstrong's case. Dr. Springle had obtained the specimen from the dissecting room.

Ovarian Abscesses.—Dr. ARMSTRONG exhibited the specimens, and said that the patient from whom they were removed had given a history of recurring attacks of peritonitis for ten years, and for the last year has been in bed; she came to the hospital with her pelvis full of fluctuating masses. The chief point of interest is the extreme degree of adhesions between the intestines. There was free oozing, after operation there had been no obstruction to flatus or feces, and the patient made a good recovery.

Dr. SMITH had been at the operation, and observed the great difficulty in detaching the adhesions. This condition is set up in many young women by gonorrhœa, and such cases should not be left long with the pus leaking from the tubes. He had an opportunity of reopening a patient in whom he had used the thermo-cautery for bleeding, and eight or ten feet of the intestine could be lifted out in a mass. Yet that patient is in good health and her bowels are regular.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

CASES REPORTED BY ARCH'D. E. MALLOCH, M.D.

Mr. Chairman and Gentlemen:—Some months since I brought before you several cases of surgical knee-joint affections, and, thinking that a continuation of the series might be of interest, report to-night the cases, other than those of simple synovitis, that have occurred in my practice since then, exhibiting the patients, that you may judge for yourselves of the results. In addition I will report a case of compound fracture of the thigh, and show you the patient.

CASE I.—*Gelatinous degeneration of the knee-joint; tumor albus; tubercular arthritis, incised and scraped; recovery; movable, useful joint.*

J. M., aged 13. Seen with Dr. McCabe on the 8th April, 1891, suffering from disease of the right knee.

Confined to bed, suffering from pain in the joint, chiefly at night, and with "startings" of the limb; is feverish and has little or no appetite. The joint is much swollen, slightly flexed and rigid; the condyles of the femur are expanded, but the swelling is chiefly due to thickening of the synovial membrane; in two places, one above and one below the patella, the swelling is prominent and soft, and gives the impression of fluctuation; the limb is much atrophied; the lameness and swelling have been coming on for some months. Father and mother living; a brother died of phthisis three years ago. Limb to be thoroughly scrubbed and washed, and wrapped during the night in a towel wrung out of a 1 to 1,000 corrosive sublimate solution.

9th.—Under chloroform a free incision was made into the bulging swelling above the patella; on pressure being applied, a yellow-greyish, jelly-like mass, three inches in diameter and three-quarters of an inch in thickness, was forced out of the wound; additional incisions were made on each side of the patellar ligament, and through them the bluish-grey thickened synovial membrane was thoroughly scraped with a sharp Volkman's spoon and with the finger-nail, and the *debris* removed by flushings of 1 to 1000 sublimate solution. Finally, the joint was filled with a 10 per cent. mixture of iodoform and glycerine, and then thoroughly moved to bring the mixture into immediate contact with all its recesses; drainage tubes were inserted, the wounds covered with Lister's protective, and the joint enveloped in a large and thick moist sublimate gauze dressing. Limb supported on a posterior straight splint.

10th, 10.30 a.m.—Temperature 99°; dressed; skin blistered from the dressings; joint syringed with a 1 to 1000 sublimate solution; tubes replaced; skin powdered over with boracic acid powder, and a well-squeezed out moist sublimate gauze dressing applied. 9 p.m., temperature 101°.

12th, 11 a.m.—Temperature 98 2-5°. Very little discharge on dressings. A permanent posterior splint was applied with paraffine bandages.

The case was subsequently attended to by Dr. McCabe.

July 27th.—Had been using the limb for some time; the leg can be almost completely extended and can be flexed to a right angle; the limb is almost as large as the sound one; he engages in the games of the other boys, and says that his general health is perfectly good.

CASE II.—*Very severe injury to knee from circular saw. Recovery, with perfect movement.*

July 20th, 1891.—J. V., aged 14, a patient of Dr. McGregor of Waterdown. Seen between two and three hours after the accident. Joint

completely exposed by an oblique wound from the inner side upwards and outwards, with serrated edges extending from side to side in front, made by kneeling on a revolving circular saw. Patella sawn through transversely a little below its middle; the anterior half of the inner condyle cut through vertically; and only attached above to the soft parts by a narrow strip of periosteum; there is also a short superficial cut with serrated edges at the level of the tibial tuberosity; no hæmorrhage. Dr. McGregor had removed one or two small pieces of bone which he had found lying loose in the joint. After thorough cleansing the almost separated portion of the condyle was removed, the patella drilled and sutured with thick prepared Chinese twist, and its sheath stitched with catgut and the skin wounds with silk sutures, after the insertion of a drainage tube on each side at the most dependent points of the exposed surface; wounds dressed with protective and moist gauze, and the limb supported on extemporized Watson's excision splint, made from Gooch's splinting, which was kept in place by paraffin bandages; limb placed in a Salter's cradle.

21st, noon.—Rested pretty well; had complained of some pain in abdomen and on outer side of joint; pulse 86, temperature 100 1-50; dressings saturated with bloody serum; wounds quite quiet; redressed; case left under Dr. McGregor's care.

Aug. 4th.—Dr. McGregor reports by letter: "My patient is doing well; there is practically no discharge, except a little blood at the corners of the wounds which were left open; there has been no pus or smell and lately no puffing or swelling; there never was any discharge from the first from the drainage tubes. I have been shortening them little by little, and one is now away; the stitches are all out; wounds have united by first intention. Pulse kept about 76; temperature 98° to 99°; sleeps well and eats well, but always complains of having had a little pain during the day."

Aug. 16th.—Seen to-day. Wounds healed with dry patellar suture hanging out of the middle of the scar; limb still in splint. Early this spring (1892), he walked into Dr. McGregor's office with a friend, and at first I did not know which was the old patient. He said that he kept pulling at the ligature every day till it came away two months or so after the accident.

CASE III.—*Ruptured ligamentous union of patella; Lister's operation; recovery; good result.*

A. D., aged 45, admitted into the City Hospital 31st December, 1891. In September last she fractured her right patella; result, ligamentous union; about the 1st of November she began to go about and to do her work. A week since she fell again and hurt the same knee, rupturing the ligamentous band of union.

Jan. 13th.—All effusion having disappeared, Lister's operation by vertical incision was performed; it was found that the ligamentous band had separated from the lower fragment; after paring the bones, the pieces were separated by fully an inch; ends of wire brought out of centre of wound; a drainage tube was introduced into the most dependent portion of joint on its outer side; limb dressed with protective and moist sublimate gauze, and then placed on a Watson's excision splint and bound to it with paraffin bandages.

Jan. 21st.—Temperature has been normal since the 14th. Dressings removed for the first time and found quite dry where soiled over the wound and the drainage tube; stitches and drainage tube removed; wound healed.

22nd.—Leg below knee oedematous without flush; temperature natural; splint and dressing removed, but nothing was found to account for the oedema excepting an erythematous blush where the skin had been covered with the moist gauze. Boracic acid powder and boracic acid, gauze substituted; splints re-applied; 5th temperature natural.

Feb. 22nd.—Under chloroform free movements of joint made. March 10th, went home to her work with fairly good movement.

April 5th.—Wire removed; has been working as usual since leaving the hospital.

Dec. 3rd, 1892.—Flexes knee to more than a right angle.

CASE IV.—*Periostitis of patella; abscess with loose necrosed patella; useful joint.*

July 14th, 1892.—D. G., aged 11, a patient in St. Joseph's Hospital, under Dr. McGillivray's care. Right knee swollen and red, chiefly on anterior and outer aspect, fluctuating and with a small ulcerated spot from which a thin serous discharge was escaping. History of Traumatism some months since. The appearance suggested a superficial suppuration rather than synovial. Knee to be thoroughly washed as usual.

July 15th.—Abscess opened and the loose necrosed patella which I have here was turned out; sac thoroughly scraped and washed out with 1 to 1000 sublimate solution; dressed in the ordinary way and supported on a posterior splint.

July 23rd.—Dressed for first time, wound superficial, cicatrizing; dressed, not seen again.

Necrosed bone is a shell the shape of the patella, one inch long by three-quarters of an inch in breadth and three-eighths of an inch in thickness.

CASE V.—*Compound fracture of the thigh; wired; recovery; useful limb.*

June 12th, 1892.—J. McN., aged 12, hospital patient. Compound fracture of left femur with small wound on outer side of thigh, about its middle, from which blood is escaping; three hours have elapsed since he fell from the tower

of St. Lawrence church. Fracture had been set by Dr. White and a temporary splint applied. Patient suffering considerably from shock; a six inch incision was made on outer aspect of thigh, having the original wound about its middle; two loose pieces of bones were removed; the ends of the bones presented this appearance. The end of the upper fragment was notched, that of the lower sloped to a point from below upwards and outwards. Wishing to expedite the proceedings as much as possible, and believing that the periosteum would make up for the lost bone, I drilled the upper fragment from the outer side to the summit of the notch, and the lower fragment about the same distance from its point; the wire passed through the openings, when shouldered and locked, held the bones firmly together; wire brought out of original wound. After stopping all the bleeding and washing the wound thoroughly with 1 to 1000 sublimate solution, the wound was stitched with deep and superficial silk sutures excepting the original wound. Wound dressed with powdered iodoform, protective and moist sublimate gauze, snugly held in position by a moist sublimate gauze bandage; the thigh and upper portion of the leg was then thickly padded with sterilized cotton wool; finally, plaster of Paris bandages were applied from the toes to the waist. When placed in bed, a long splint was applied to the sound limb.

A simple fracture of the right radius was put in anterior and posterior splints, but good apposition was not obtained. Between this date and the 1st of July, when it was taken down for the first time, the highest temperature recorded in the chart was on the evening of the 19th, when it was 101.0; on the 21st of June it fell to normal and remained subsequently at that. During all these days the lad never complained of his thigh.

July 1st.—Plaster cast at upper portion of thigh soft, and giving off a urinous odor; dressings removed; thigh wrinkled; wound perfectly quiet; the discharge had soiled to outermost layer of cotton wool. Re-dressed, and splints applied as before.

July 24th.—Since last dressing temperature and pulse have been normal. Wound exposed and silk stitches removed; considerable callus but union not firm; dressings and splints re-applied.

Aug. 20th.—Splints taken off and wire removed; bone solid; splints re-applied.

A week or ten days subsequently he was allowed to go about the ward on crutches, wearing a patten on his right boot.

Sept. 7th.—He slipped when going down stairs, and hurt his thigh.

Sept. 9th.—The plaster was removed, and it was found that he had re-fractured the bone. Put to bed and, splints re-applied.

Nov. 1st.—Splints removed; bone solid;

considerable callus; allowed up; passive motion to knee, which is stiff.

Nov. 14th.—Able to run about the ward; very slight motion at knee-joint.

Nov. 28th.—Learning that chloroform was to be administered and the knee-joint loosened, he ran out of the Hospital.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, December 9th, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Paramyoclonus.—DR. STEWART exhibited a middle-aged patient, who has been affected with a peculiar myoclonic trouble for upwards of fifteen years. The spasms, which are almost constantly present, are partly clonic and partly tonic in character. They affect the muscles of the neck, face and trunk only—the extremities being free.

DR. LAFLEUR asked if there was any hereditary history, and if the case might be one of senile or Huntingdon's chorea.

DR. STEWART replied that as far as he could ascertain there was no neurotic family history. It was not a case of Huntingdon's chorea, which is characterized by the sliding, jerky movements in walking, and which are entirely distinct from the movements in this case.

Acute Hæmorrhagic Pancreatitis with Fat Necrosis—Glycosuria; Symptoms those of Peritonitis.—DR. FINLEY exhibited the specimens, and stated that the case had been looked upon as one of peritonitis. At the autopsy there was no evidence of peritonitis or obstruction. A distinct mass in the position of the pancreas was felt, and on removal the organ was seen to be greatly enlarged, weighing 380 grams. On section the gland was studded with numerous purplish-colored hæmorrhages, varying in size from a small pin head to one-fourth of an inch in diameter. A number of small round opaque white areas, like tallow, representing fat necrosis, were present on the surface of the gland and a few scattered through its substance. None of these were larger than the size of a split pea. There was no fat necrosis in the omentum, but a few small areas in the immediate neighborhood of the pancreas. Some of the fat lobules were surrounded by a fringe of this necrosed fat. There was a small thin patch of lymph lying on the surface of the organ. The mesenteric and splenic veins were normal.

A specimen of the urine analyzed by Dr. Ruttan was found full of mucin, no albumen, sugar 1.66 per cent., no acetone, no diacetic acid, urea 8.5 grs. to fl. oz., bile pigments and bile salts in excess. The usual symptoms of this affection were those of peritonitis. One of the most interesting features of the case was

the presence of sugar in the urine, and, so far as he could ascertain, no previous mention of this was recorded.

In view of recent investigations on pancreatic diabetes, it was not unlikely that sugar might prove to be a constant constituent, and, if so, would be a valuable diagnostic sign. The presence of bile pigment might perhaps be referred to pressure on the common bile duct by the enlarged pancreas.

Fat necrosis has been frequently noticed in hæmorrhagic pancreatitis, but its significance is not altogether clear. It has been explained by some as due to trophic changes from interference with the nerves of the solar plexus, and by others it is regarded as due to pressure interference with the vascular supply.

REPORT BY DR. J. G. ADAMI.

Upon section, the pancreas as a whole was of darker color than usual, and presented several blackish blood-stained areas varying in diameter from 3 to 12 millimetres. That organ was surrounded by a moderate amount of fat, having an abnormal appearance, for scattered over its surface and through its substance were small whiter masses, differing also from the rest of the fat by their opacity. The periphery of the gland was altered, there being no well-defined boundary between the gland and its investing fatty tissue.

Microscopic examination showed that the gland had undergone much chronic degenerative change; it was fibroid, and presented abundant evidence of atrophy of the pancreatic follicles. This was especially marked towards the periphery. Here were numerous small regions in which fat cells replaced the atrophied gland tissue. The hæmorrhages into the gland were of sufficiently long standing to have permitted the staining of the cells of the affected areas with blood pigment. Sections made by the paraffin method and stained with hæmatoxylin showed well the extensive fat necrosis, both within and around the gland. The necrosed fat cells contrasted clearly with the unaffected in that they took on a diffuse cloudy stain.

It was noticeable that, while there was evidence of acute inflammation here and there throughout the fatty tissue, there being slight infiltrations of small round cells between the fat cells, nevertheless, these inflammatory foci were not in direct association with the necrosed areas. Between the necrosed cells no infiltration was discernable. The extravasated leucocytes lay between clear unaffected cells at some little distance from the patches of necrosis. In this the sections resembled those brought recently before the Pathological Society, of London, England, by Dr. Rolleston (*British Med. Journal*, Oct. 22nd, 1892, p. 895), and differed from the description generally given. (*Fitz. Med. News*, Feb. 23rd, 1893.)

Thus the sections suggest forcibly that the pancreas in this case had been the seat of long continued changes. The fibroid degeneration, the atrophy of the pancreatic cells proper, the presence of fat replacing the atrophied tissue, all point to this conclusion. The hæmorrhages and the small foci of inflammation are evidences of more acute disturbance of the organ during the days immediately preceding the fatal issue. In the absence of satisfactory observations upon the rate at which fat necrosis proceeds, it is not possible to state with certainty whether this necrosis is associated with the acute lesions of late date or whether it had preceded these in its onset. This case, at least, does not show us that the necrosis is a direct result of acute inflammation.

Dr. JAMES BELL said that he had been hurriedly summoned to the hospital to see the man, who was supposed to be in an advanced stage of peritonitis. History given was, that on Tuesday night he had been awakened by a cramp in the stomach, but he went to work on Wednesday morning, but was compelled to go home by the pain in the abdomen. When brought to the hospital there was great pain with the distention and tenderness of the abdomen, inability to move the bowels, vomiting and, in fact, all the signs of a general septic peritonitis. He (Dr. Bell) considered the case hopeless, and was greatly surprised at the result of the autopsy.

Dr. J. A. MACDONALD had seen the case before he went into hospital, and thought that it was one of peritonitis; one feature was the great difficulty in passing urine and the diminution of the quantity.

Dr. LAFLEUR referred to a similar case that had been under the care of the late Dr. Ross, and had been reported before this society (*Montreal Medical Journal*, vol. 17, page 380). The patient had suffered for a time from obscure dyspeptic symptoms, and one day was suddenly taken ill with symptoms of general peritonitis, and died. The conditions found were the same, though more intense than in this case; some of the hæmorrhages were recent, while some were old and almost fibroid. He could not say if there had been fat necrosis, as that condition was not recognized at the time. Fitz, of Boston, has written more than anyone else on the subject of fat necrosis, and in performing coroners' autopsies has found that a number of sudden deaths in the streets were due to this cause. He (Dr. Lafleur) asked if the veins in the splanchnic area were dilated, for he thought, if such was the case, the pressure on the celiac ganglia might have been the immediate cause of death.

Dr. SMITH asked if there were other hæmorrhages throughout the body, and how was it known that the spots were fat and not transformation of blood clot into fibrous tissue. Could the hæmorrhages be due to septicæmia.

Dr. FINLEY, in reply to Dr. Lafleur, said that the veins of splanchnic area were not dilated. In reply to Dr. Smith, said the spots had been analyzed and found to contain stearine and fat crystals; they were distinctly fatty and not fibrous.

Case of Symphysiotomy.—Dr. SPRINGLE read the report of a case.

Dr. WM. GARDNER congratulated Dr. Springle for having performed this operation for the first time in Canada. It is a procedure that is bound to become popular, and is another of the revivals in surgery brought about by the introduction of antiseptics.

Dr. SMITH thought the operation a safe one and presented but few difficulties. He understood how that it will increase the total circumference of the inlet, but did not see how it would increase the antero-posterior diameter.

Dr. SHEPHERD thought that a future pregnancy might be affected. He had in his possession several pelves in which the joint is ossified, and thought that after the operation the same condition might be induced.

Dr. LOCKHART had assisted Dr. Springle, and, when he first saw the patient, she had been in labor twenty-four hours. The subject for hesitancy was whether the child should be removed by cesarian section or symphysiotomy (craniotomy not being thought of). The former procedure would have necessitated the removal of the patient to the hospital, thus causing further delay.

Dr. GORDON CAMPBELL said that there was no difficulty in showing that the antero-posterior diameter was increased. Taking a line drawn from the promontory of the sacrum to the symphysis pubis as the diameter of a circle passing through these points, after the operation this line will be no longer the diameter, and it is a mathematical law that any straight line drawn in a circle, other than the diameter, is less than the diameter.

Administration of Ether by Clover's Inhaler.—Dr. GORDON CAMPBELL read a paper on this subject.

Dr. ALLOWAY said that he had been using this form of inhaler for a long time, and it has unquestionable advantages over all other forms.

Dr. GEORGE BROWN had been using it for three years, and agreed with everything mentioned in the paper. With men there is generally a stage of rigidity, and the administration takes longer than with women. He has used the cone and Allis' inhaler, with which there is usually fear and struggling, whereas, with Clover's, patients take the ether quite easily, and, at a subsequent administration, receive it with less fear. He thought that there was less vomiting and less depression after administration, and he never had any ill effects during an operation, except now and then a spasm of the glottis, which is at once relieved by raising

the hyoid bone and pushing forward the jaw.

Dr. WM. GARDNER was first induced to use Clover's inhaler by having seen it in Mr. Lawson Tait's practice in 1886, and has never willingly used any other form since that time. He has given up the use of a mixture of ether and chloroform, and has stuck to pure ether, and now sees no reason to regret it. Another advantage is the prevention of the diffusion of ether through the room, which is a great comfort to a sensitive person. He bore testimony to every word Dr. Campbell had said, and had been struck by the extremely short space of time taken by him to anesthetize the patient, and also the rarity of vomiting on the operating table, which he thought was due to the care of the anesthetist to the signs of complete anesthesia.

Dr. BIRKETT, when resident in the General Hospital, had kept a record of eighty cases of the administration of pure ether with Clover's inhaler, and his observations confirmed the remarks of Dr. Campbell. He had used it with all sorts of patients, and it was the most successful method employed.

Dr. BELL did not think that there was any difference of opinion as to this method of giving ether, when it was in careful hands, but considered it dangerous in inexperienced hands. A case had nearly ended fatally from the neglect of one point, that of putting ether into the inhaler, and the patient was almost asphyxiated. He could not help but think that the patient must inhale vitiated air from the bag, but the precautions mentioned would reduce this danger to a minimum. He felt that the more concentrated the vapor at the beginning of anesthesia the better, but the great danger arose in giving too much ether after the stage of complete anesthesia had been reached, and the respiratory centre may be so blunted that it may fail to act. He admitted the advisability of giving it well diluted at the start, but it should be rapidly concentrated. He had never seen suppression of urine or bronchitis following ether, nor any pulmonary condition, except secretion of mucus.

Dr. SHEPHERD thought from his own observation that the method was valuable. He did not think that the paper referred to alcoholics, and asked if Dr. Campbell had observed tremors, amounting almost to rigors, which condition would make him stop ether and substitute chloroform.

Dr. McCONNELL said that everyone present seemed to prefer Clover's inhaler, the chief points in its favor being the small quantity of ether used and the rapid effects; but the latter is a matter of skill in administration. He did not like the idea of re-breathing air. It is a mistake to think that if we use a large amount of ether with Allis' inhaler that the

patient gets a larger quantity than if a much smaller quantity is used in Clover's. He thought Allis' is far safer for general use.

Dr. WM. GARDNER regretted to have to record a death last summer. The patient was blanched by prolonged hæmorrhage from malignant disease. He had decided to remove the disease through abdominal incision. The patient was at first placed in the lithotomy position, and everything went well for fifteen minutes when she stopped breathing, and soon afterwards the heart stopped; but though artificial respiration was kept up for three-quarters of an hour, she died. In this case he in no way blamed the inhaler or the anesthetist.

Dr. STEWART asked if observations had been made as to the condition of the shallow and deep reflexes.

Dr. CAMPBELL, in reply, said that he had seen marked tremors in one case. A recent writer in the *British Medical Journal* had ascribed this condition to asphyxia, and it indicated that ether should be given in a less quantity. He agreed with Dr. McConnell that the patient requires about the same amount of ether to induce anesthesia, independent of the kind of inhaler used. The skill in using Clover's is very much over-rated, for, if one would read the article on the subject in *Treves' Surgery*, he could easily use it. He had had no experience in emergency cases. The abolition of the corneal reflex is not indicative of full anesthesia, and the reflex from the perineum and anus is the last to disappear. At present he is trying to work out the action of ether on the secretion from the kidneys, and will give the results later on.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

REPORT OF THE SPECIAL COMMITTEE APPOINTED AT THE LAST MEETING OF THIS SOCIETY.

Infectious disease is preventable disease, whether the mode of infection be direct—from person to person—or whether it be indirect through the agency of water, soil or clothing. As such it ought to be prevented. It is for us and for the community at large to use every endeavor towards that end.

Granted that we can recognize surely the nature of a given infectious malady at a sufficiently early date, we can then stay that malady from spreading so as to affect other individuals, we can prevent it from assuming an epidemic character.

Thanks to the bacteriological discoveries of late years, we now possess this power of early diagnosis in connection with not a few of the most important—that is to say, the most widespread and fatal of infectious disorders. We

can demonstrate the minute organisms which are the cause of such diseases as tuberculosis (phthisis), typhoid, diphtheria and cholera.

With respect to typhoid, the infection has long been known to be indirect, but now we can determine the presence of the specific bacillus of this disease in the intestinal contents of those suffering from the disease; we can trace its presence in the excreta and in water which has become contaminated by the leakage into it of the sewage of an affected locality, and from this water can trace its passage into milk and other fluids that have been placed in vessels washed in water.

So, too, with respect to cholera. Here also the infectious agent passes often with the excrementitious matter into the water supply of a large area, it may be, and thereby the disease becomes widespread. In this water, as in the intestinal contents, the presence of the minute organisms associated with the disease may be demonstrated. If, then, with any of the above mentioned diseases the nature of a solitary case be recognized, we can prevent the extension of the disease to others by isolation of the patient and by rigorous disinfection of excreta, clothing, and of the sick chamber and its attendants. The case will remain isolated.

It is evident, therefore, that the early diagnosis of infectious diseases is of the highest importance to the community.

The more perfect the system whereby each case of infectious disease is promptly notified, and any doubtful isolated cases subjected to careful bacteriological investigation, the greater the security of the community at large, the less the death roll:

In Montreal, as in every large centre of population, it is necessary in the first place that there be compulsory notification of infectious disease to the central authority—namely, the Medical Health officer; and, in the second place, that there be a competent bacteriologist to control the clinical diagnosis of doubtful cases, and to trace bacteriologically the channel by which a given disease has spread from one individual to another.

Taking first the subject of compulsory notification, your Special Committee has learned, with regret, that not a few practitioners in this city have evaded their duties in this respect, and instead of helping, have thwarted, however unintentionally, the efforts of the Medical Health Officer. At the same time your committee would call attention to the fact that, with his office undermanned, it is impossible for the Medical officer to perform his duties satisfactorily. A staff of assistants is urgently required whose duties it would be to gain particulars connected with each case notified—duties which one individual, however willing, clearly cannot perform—duties which unperformed render notification of little avail.

Nevertheless, had each case at the commencement of the recent outbreak of typhoid in our midst been properly notified, the necessity for action in connection therewith would long ago have been discovered.

In the second place, the fact that bacteriology is a very special new branch of medical education, requiring not only special training but also special laboratory appliances, renders it impossible for the ordinary practitioner satisfactorily to undertake the bacteriological diagnosis of disease. It is therefore necessary that there should be attached to the Health Office a bacteriological laboratory in the charge

Your special committee has taken into consideration the question as to whether the bacteriologist and his laboratory should preferably be in connection with the Provincial Board of Health or with the City Health Office. They hold that while, in view of the very possible invasion of this Dominion by cholera, this forthcoming summer, it is undoubtedly of the highest importance that the Province be provided with a competent bacteriological adviser, whose duty it would be to determine the nature of every doubtful case of choleraic diarrhoea, and to advise with regard to effectual disinfection of immigrants and their belongings; nevertheless, since their present mission is to report upon matters concerning Montreal and its immediate neighborhood, they must advise that a skilled bacteriologist be attached to the City Health Office. They do this with confidence, in the assurance that the larger question may safely be left to the Provincial Board of Health and its very capable head.

Against the possible objection that Montreal and its officials have no authority over those outside the city's boundaries, they would urge that, though they have no direct authority, yet their indirect authority is such that they can become masters of the situation. They can certainly control the city's water supply; and, with regard to another potent source of infection, namely, the milk supply, it is in their power to add to the conditions attached to the milk licenses a proviso that such licenses be only granted upon the condition that the city authorities reserve the right to obtain samples of the milk for examination wherever and whenever it seems fit to them, and to peremptorily rescind such licenses permitting the sale of milk within the city boundaries, if it be found that the condition of the stables and dairies is such as to constitute a danger to public health.

A city by-law to this effect is already in existence, but your committee learns that it is rarely acted upon. Your committee is strongly impressed by the necessity for more thorough milk inspection. More is wanted than occasional examination to determine whether milk has been diluted or has been deprived of its fats. No article of food forms a better field

for the growth of micro-organisms than milk ; and the presence and growth in this fluid of filth, bacteria in consequence of imperfect cleansing of utensils, or mixing the milk of different days, of undue care in carriage, appear to your committee amply sufficient to explain a large proportion of the cases of cholera infantum or cholera, which here in Montreal assumes each summer so alarming and fatal a character. Thus the city has the power to regulate the milk supply, and in this and similar ways is capable of controlling the surrounding districts.

Your committee recognize that for the hygienic laboratory attached to the Health Office to be complete a chemical department, presided over by a competent organic-chemist, is a *sine qua non*. They fear, however, to urge this matter too strongly at the present moment, believing it wiser to demonstrate the necessity of one reform, in the hope that this may be the means of leading to others in the not distant future.

Your committee would, therefore, submit to the Society the following resolutions :

1. That, for the maintenance of public health and to prevent the spread of infectious disease, this Society emphatically endorses the city regulations, which demand that practitioners report each and every case of infectious disease occurring in their clientele ;

2. That, in the opinion of this Society, the staff of the Medical Health Officer should be increased, in order that the spread of infectious disease be traced and its further advance hindered ;

3. That this Society urgently requests the authorities of the city of Montreal to appoint a skilled bacteriologist upon the staff of the Health Office, whose duties shall be to investigate the origin and spread of infectious disease within the city, in accordance with the resources of modern hygiene and modern medicine, and so advise the office upon the measures to be taken in order to eradicate such disease or to stay its further progress.

JAMES STEWART,
J. C. CAMERON,
J. G. ADAMI,
WESLEY MILLS,
D. McEACHRAN,
F. W. CAMPBELL.

Progress of Science.

MIDNIGHT OIL OR MIDNIGHT SLEEP.

From The Hospital.

Physiological resources, although they are very elastic within limits, yet have limits which

are sharply defined. There is no overstepping of the limit which is more dangerous than that of doing work which curtails sleep. Sound and sufficient sleep is the most indispensable of all the conditions of a sound and efficient brain. The miseries alone of the sleepless man are creditors which the most stoical may dread ; his incapacities are such that great work and great success are generally as hopeless for him as the possibility of riding through the air without a balloon or wings. Ten years of such sleeplessness as some men have endured would cure the most ardent medical enthusiast in the world of his passion for the midnight oil. The greatest and highest success in life is achieved, like the winning of a long race, by him who has the greatest staying power. What is the best of all the possible kinds of brain for a man who has to follow throughout his life an intellectual calling like that of the higher walks of medicine ? It is a brain that is at once clear and strong. Undue and prolonged mental exertion in the student period may give great clearness of intellect—possibly even an abnormal clearness, but it can never give strength. Clearness without strength can no more win in the long and arduous race of life than speed without staying power can win in a foot race of ten miles. Unintelligent and impulsive medical professors—and there are many such—may urge men to competition for the highest college honors, even at the risk of a total breakdown in brain and body. Such professors are among the worst enemies young men could have, and they are among the worst enemies the medical school and the medical profession can have. What the medical profession demands is men of clear and strong intellect, full of practical resources, not mere dilettanti speculators in incomprehensible medical hypotheses. The day is the time for work, the night for sleep : sleep sound, quiet, and peaceful as death. The learned medical professor tells his students all this in his book or his lecture. But he seldom thinks of asking them to apply his lofty and ideal principles to the details of their own lives. The first thing that the world demands of professors and teachers of all kinds is that they shall practise their own principles. A teacher of physiology who encourages brain work at midnight ought to be considered insane.

ANAL ABSCESS.—Reclus treats these as fistulas. Having opened the abscess, he introduces a channeled sound, to the highest point of the cavity, perforates the rectal mucosa, and brings the sound out at the anus, the tissues being then cut through. Since it is necessary to produce a fistula, the abscess should be treated as a fistula at once.

EXAMINATION OF THE URINE BY THE CENTRIFUGAL MACHINE.

ALBU (*Berl. klin. Woch.*, May 30th, 1892) says that the centrifugal machine, when once introduced, quickly comes into general use in the examination of pathological fluids. The author has thus examined some hundred hospital urines, one-half of which were from cases of Bright's disease. The deposit was compared with that obtained after standing. Like gravitation, centrifugal force would seem to have its limits. Sometimes no deposit is obtained, and at other times perfectly clear urine gives one. The greater part of this deposit falls in a few minutes, and the microscope shows it to be richer than that obtained by standing, but the difference is in quantity rather than quality. There is no advantage in adding alcohol or barium carbonate except in cases of examination for bacilli. In apparently healthy urine a greater or less number of leucocytes or flat epithelial cells were found. In non-albuminous urine hyaline and granular casts were repeatedly seen; and in two-thirds of the cases of acute pneumonia more or less numerous casts, covered with leucocytes or renal epithelium, were observed. Blood cells were at times found by the microscope in cases where the deposit did not look as if it contained any. Other pigment, such as that of jaundice, was found intimately united with formed elements. Bacteria could be separated out by the centrifugal method, but only partially. Twice tubercle bacilli were demonstrated, but they were also found in the deposit obtained after standing. The estimation of (coagulated) albumen by this method was not more accurate than by Esbach's albuminometer. The centrifugal method is, however, a valuable addition to the clinical examination of the urine, in that it provides an unaltered sediment in the shortest time, but it is no material help to diagnosis.

DIPHTHERIA.

BAGINSKY (*Archiv. f. Kinderheilkunde*, xiii) found Loeffler's bacillus in membrane from the pharynx in 68 out of 93 cases of diphtheria. In all the cases in which it was found extremely severe symptoms were present. The remaining 25 cases exhibited the same kind of symptoms as those observed in the majority of the cases, but the bacilli were absent, only strepto- and staphylo-cocci being found. Recovery took place in all the cases of the latter class, whilst nearly 50 per cent. of those presenting Loeffler's bacillus died. The author concludes from his investigations that there are two forms of diphtheria, alike clinically in the main; the symptoms, however, are more severe in the one

variety than in the other. In the severe form Loeffler's bacillus is the causal agent; the mortality is great. The milder form is produced by strepto- and staphylo-cocci; it is not dangerous, and results in recovery.

CRANIECTOMY FOR EPILEPTIC DEMENTIA.

ENGEL (*Med. News*, 1892, No. 17) relates the case of a boy who was in good mental and bodily health until the age of 6 years, when, without discoverable cause, he had convulsions following epilepsy. The fits became more frequent and severe until, between the age of 12 and 14 years, he had as many as 21 during the 24 hours. The fits began in the upper limbs, but beyond this there were no localizing signs. The boy was in a state of partial dementia, but was cunning, used foul language, and was liable to attacks of maniacal excitement. The skull presented symmetrical deformity—flattening of the upper part of the frontal and anterior two-thirds of parietal bones, and approximation of the parietal bones to each other. A course of treatment by bromides diminished the number and severity of the fits without producing any improvement in the mental state. An operation was then performed by Packard, who trephined on each side of the sagittal suture, and removed the intervening bone. The operation was repeated on the opposite side of the skull three months later. For five weeks after the first, and two weeks after the second operation he had no attacks, but at the time (not stated) of the report he was having one or two a week, but of a much milder type than before operation. A few weeks after the second operation his expression changed, and he became less irritable and much more intelligent. This improvement was progressive, and his mental condition became that of an ordinary, intelligent boy of 8; his age was 14. The bone removed at the operation was much changed, being chalky and very thick.

PERFORATION OF UTERUS BY THE CURETTE.

LANNELONGUE (*Arch. de Toc. et de Gynéc.*, May, 1892) employed the curette for a woman, aged 64, a 4-para. The patient had total prolapse, with metritis. After dilatation, the irrigating curette was used; it seemed to pass indefinitely far without resistance, and the injected fluid did not return. As perforation was evident, vaginal hysterectomy was at once performed. The uterus was very flabby, and had been perforated at the angle between the body and the neck. The patient recovered. In a second case, the patient was 31, also a 4-

para. She had endometritis and slight salpingo-ovariitis. There was cystocele, rectocele, and ruptured perineum. After dilatation the irrigating curette was used. In scraping the right cornu it was noticed that the injected fluid ceased to return, yet the instrument did not seem to have passed beyond the uterine cavity. As the patient was young, and perforation not absolutely certain, the uterus was not removed. The cavity was swabbed, the cervix, much hypertrophied, was amputated, and colpoperineorrhaphy performed. By the second day the abdomen became distended; next day stomatitis set in, and poisoning by sublimate was suspected; on the tenth day, diarrhoea occurred with albuminuria. On the nineteenth, erysipelatous patches appeared on the forehead, and the patient died; a soft, solid tumor had developed in the abdomen. The enlarged, flabby uterus was found full of pus, and there was purulent peritonitis as well. The perforation in the right cornu was distinct. Lannelongue believes that, when the uterus is perforated by the curette before the scraping has begun, the uterus must be amputated, as the danger of septic peritonitis from fragments of diseased endometrium is great. If the curette does not pierce the uterus till the process has nearly finished, the uterus may be saved, especially if the patient be young.

DIARRHOEA FROM RETROFLEXION.

FISCHEL (*Prager med. Wochenschr.*, No. 47, 1891) publishes the case of a well-nourished woman, aged 23, who was seized with violent diarrhoea a few days after recovery from confinement. It commenced regularly between 4 and 7 A.M., preceded by hypogastric pains and a feeling of anxiety. Four or five motions were passed. At the end of three weeks, the patient was very emaciated, having lost nearly twenty pounds in weight. No drugs were of service, and rest did no good. Fischel explored the pelvis and discovered retroflexion of the uterus, which to his knowledge had previously lain in its right axis. Following Schauta's directions, the displacement was rectified and a pessary applied. Next morning the diarrhoea ceased and did not return. Nine months later the pessary became displaced and the intestinal catarrh returned, but ceased on rectification of the position of the pessary. A year and a half later the pessary was removed with the same result; on its replacement the retroflexion was rectified and the diarrhoea once more ceased.

TOTAL REMOVAL OF UTERUS FOR MYOMA.

PÉAN (*Gazette des Hôpitaux*, June 7th, 1892) claims to have greatly improved upon the ordi-

nary operations for large uterine fibroids. He removes tumor and uterus by a mixed abdominal and vaginal operation. An abdominal incision is made, the tumor extracted, and its pedicle secured by a loop of metal as low down as possible. The tumor is then cut away. The abdominal wound is closed, and the operator removes the pedicle and cervix uteri by section through the vagina. The broad ligaments are secured by pressure forceps, as in his operation for the removal of small or medium tumors through the vagina. This method obviates all the disadvantages of the older abdominal operation, where a pedicle is left, which partly sloughs, and at length sinks deeply into the pelvis.

DANGER OF INTRA-UTERINE INJECTIONS.

TARNIER (*Journ. des Sages-Femmes*, June 16th, 1892) has determined never to employ sublimate lotions for intra uterine injections. Eighteen cases of death, after sublimate injections in childbed, have been recorded; in sixteen of these cases the injections were thrown into the uterus, in two only into the vagina. Death may be due to some severe reflex stimulus, or to direct poisoning through entrance of the injected fluid into the uterine veins. From experiments, it seems that permanganate of potassium, microcidine, iodine, and salicylic acid are innocuous. Sublimate is liable to involve dangers some time after its injection. Of substances which may cause syncope or immediate death when injected, carbolic acid holds the first place. Binioidide of mercury is also very dangerous, and the perils of perchloride of iron are well known. Tarnier reminds the obstetrician, however, that perfectly innocuous solutions or even plain water have caused death when injected into the uterus. This accident is undoubtedly due to the entrance of air into the veins. Any kind of injecting apparatus may prove dangerous if the obstetrician or nurse neglect to drive air out of the tube, or uses too great propelling force. When gravitation is the agent, the receptacle for the fluid should not be placed more than 15 inches above the level of the patient's pelvis.

VAGINAL EXTIRPATION OF CANCEROUS UTERUS.

SCHOPF (*Wiener klin. Wochenschr.*, No. 45, 1891) describes a case where the uterus was removed for cancer localized to the fundus in a woman, aged 52. As the uterus was very big, lateral incisions were made in the vulva. Three months after the operation, cancerous nodules were found in the scars of the wounds made in the vulva, whilst the fornix remained free from disease. Four months later the patient died of cancer of the left lobe of the liver. Schopf be-

lieves that the vulvar wounds were directly infected by the cancerous mass during its extraction at the operation.

BACTERIA IN WOUNDS.

HUNTER ROBB AND GHRISKY (*John Hopkins Hosp. Bull.*, No. 21, April, 1892) have made a bacteriological examination of the sutures and of the fluid exudation in thirty cases of coeliotomy and fifteen cases of perineorrhaphy, all of the operations having been performed under rigid antiseptic precautions. Their mode of procedure was to remove several sutures from different parts of each wound, and from each of these an agar tube was inoculated, and a cover-slip preparation was made. In every case they found micro-organisms to be present; in twelve cases either staphylococcus pyogenes aureus, staphylococcus gilvus, or streptococcus pyogenes, often associated with staphylococcus epidermidis. In the remaining thirty-three cases, staphylococcus epidermidis occurred alone. They conclude that microbes are always present in wounds even when treated by rigidly antiseptic methods, the kind of microbe which is present determining the course taken by the wound. In two cases, occupying adjoining beds, they found streptococcus pyogenes, and suppuration followed with constitutional disturbance. In neither of these cases had a drainage tube been employed, and they consider this precaution prevented the occurrence of septic peritonitis. They state that microbes are always more abundant if a drainage tube is employed, or if the tissues are unnecessarily constricted by the sutures. They found catgut sutures were not so good as silk ones, and that silkworm-gut sutures had the least tendency to harbor microbes. The authors strongly recommend the timely examination of wounds by similar methods, and that when virulent microbes have been ascertained to be present, the patient should be at once isolated, and vigorous measures should be taken to diminish their virulence by the use of disinfectants.

RESORCIN IN ULCER OF THE STOMACH.

Dr. Pope reports sixteen cases of ulcer of the stomach treated satisfactorily with resorcin.

He concluded to use it because it was analgesic, antiseptic and hæmostatic; all these conditions being present in so many of the cases.

He gave five-grain doses, dissolved in one ounce of water, when the stomach was empty. It stops the pain at once, and controls the sensitiveness of the stomach, enabling it to retain food nicely. It has no influence in reflex nervous vomiting. The author insisted upon rest in bed in severe cases, and restricted the diet to milk, predigested in some cases. He

did not have to use suppositories or food per rectum in any case.—*Chig. Med. Times.*

CLASS-ROOM NOTES.

Prof. Hare recommends aconite in cases of hypertrophy of the heart.

Prof. Keen favors the opening of a felon with the knife as soon as possible for the surgeon to do so.

Ichthyol ointment is recommended by Prof. Hare in the treatment of articular rheumatism.

Prof. Parvin recommends the emptying of the rectum and bladder before a vaginal examination.

Prof. Wilson favors the giving of antipyretics in small occasional doses in long-continued fevers.

Arsenic is recommended by Prof. Hare in cases of anæmia due to a reduction in the amount of hæmoglobin in the blood.

Prof. Keen says that very often running sores of the ear, which continue on and off for years, have a tendency to result in an abscess of the brain.

Prof. Hare says that in severe cases of chorea, arsenic and the hot pack will be found to act almost as a specific in the great majority of instances.

Prof. Keen, speaking to his class in regard to poultices, condemned the bread-and-milk poultice. He contends that there is great danger of infection from it.

Prof. Wilson says that in cases of gouty rheumatism the anti-rheumatics yield poor results. Blistering will not be of any value for permanent relief. He advises the administration of cod-liver oil in the earlier stages, but not in the later. In the later stages he prescribes some arsenical preparation, preferably Donovan's solution, beginning with five drops three times a day, increasing one drop every other day, until the physiological effects of the drug are experienced.

Prof. Keen recently called the attention of his class to the important fact, that in cases of pure abscess of the brain the temperature will be subnormal.

Prof. Wilson says that when the temperature is taken in the groin, one-half degree should be added. He also favors the taking of the temperature in the axillary space rather than in the mouth, as being the more accurate method of determining it.

Prof. Hare says that in cases where digitalis will have no effect, and is indicated, the administration of adonidine will often give good results.

Prof. Wilson, in cases of lead poisoning, recommends the following treatment: A laxative dose of the sulphate of magnesium every day and ten grains of the iodide of potassium three times a day.

Prof. Parvin believes that many cases of sterility in women are due to openings that are often found in the Fallopian tubes. He contends that the impregnated ovum drops through them.

Prof. Hare says that in cases of amenorrhœa, in which apiol is prescribed, in order to have good results it should be administered at least one week prior to the time for the regular flow.

In cases of delirium tremens, Prof. Keen gives from one to two grains of opium combined with one or two grains of chloral; this to be followed by a laxative; or, if this will not move the bowels, a purge should be administered the patient.

Prof. Wilson, in the earlier stages of influenza, prescribes antipyretics, but in the later stages he orders quinine to be given. He especially recommends turpene hydrate as an efficient and useful expectorating agent in this disease.

Good results have been obtained in cases of whooping cough, treated by Prof. Hare, by administering one or two grains of antipyrine in children. It tends to decrease the number of coughing spells.

After an operation for strangulated hernia, Prof. Brinton is in the habit of giving his patients one grain of opium in order to constipate him for a time. When he wishes to move the bowels he orders a weak saline to be given.

In cases of hectic fever in phthisis, Prof. Hare does not favor the use of antipyretics for the reduction of the temperature, as they are liable to bring on profuse and exhausting sweats.

In their place he recommends cold sponging.

—*College and Clinical Record.*

THE TREATMENT OF INCOMPLETE ABORTION.

By incomplete abortion is meant that condition in which the fœtus is expelled during the early months of pregnancy, while the foetal envelopes, and immature placenta, in whole or in part, are retained within the uterus. Such a condition is not at all uncommon. The abortion throughout may have been under the care of a medical attendant, who has watched its progress and made every effort to check or to guide its course; and yet at last the fœtus alone comes away, leaving its appendages behind. Or it may be that the medical attendant does not see the case at all, until after the expulsion of a mass, which proves, on examination, to be only a part of what the uterus is known to have contained.

Where the process of abortion has thus obviously been incomplete, what is to be done? This question must present itself forcibly to every practitioner, as a grave problem full of anxiety and doubt. He holds in his hand a min-

ute fœtus, from the umbilicus of which dangles a delicate cord two or three inches in length. He knows that the other end of that cord is inside the uterus, attached to its wall where the placenta was being formed. What is his duty in the matter? Shall he follow the other end of the cord at once to its termination and forcibly remove the remnants to which it leads? Or shall he wait for nature to do the work without assistance from him? It is the object of this paper to briefly consider the proposed modes of procedure in such cases, and to state the plan that seems most advisable to the writer.

As Dr. Wm. Titit Chaney says, in the *Occidental Medical Times*, suppose that the medical attendant decides not to interfere with an incomplete abortion, but to let matters take their course. He will not lack authority for this plan, for such is the advice of many of the prominent teachers of obstetrics. Leishman suggests delay, and does not approve of interference except in cases of "profuse and repeated hemorrhage, fetid discharges and febrile symptoms." Tamier speaks strongly in favor of allowing the uterus time to expel the secundines. And Winckel is said not to attempt active interference in such cases. These men justify their conservation on the ground that gradual separation of placenta and membranes will in time take place spontaneously, and that the uterus will then contract to expel them. Or if they do not follow the fœtus immediately, it is either because the cervix has contracted too firmly to allow of their expulsion—either condition contra-indicating active measures for their removal, because violence is apt to be done to the uterus in the process.

There are two great dangers in this conservatism: hemorrhage, either immediate or secondary, and sepsis. The bleeding that always follows separation of placenta and membranes from the uterus is checked only by firm contractions of the muscular wall. If these contractions are hindered by retention of a mass, that acts as a foreign body, keeping the walls apart, hemorrhage is very apt to continue until the mass is removed. If checked temporarily, it is apt to recur from time to time, as successive portions of the mass undergo separation, with rupture of vessels that connected them with the uterus. Again, the retained secundines offer a fertile field for the growth and development of the germs of decomposition, and so their presence is a constant menace of septic infection. These two dangers, hemorrhage and sepsis, are recognized by the advocates of conservatism, who counsel active measures in case bleeding becomes continuous or uncontrollable, or the vaginal discharge offensive and temperature high.

Why should the patient be subjected to these dangers at all? Why should she be allowed to go on losing blood, or to run the risk of

blood poisoning from absorption of decomposing tissue, when the bleeding can be prevented and the possibility of decomposition within the uterus can be excluded? These are the questions asked by those in the profession who advocate immediate and radical treatment in incomplete abortion. Such men are headed in the United States by Paul F. Munde, whose opinion on obstetrical matters must always command the highest respect. He says: "The future safety of the patient demands that the secundines should be at once removed after the expulsion of the foetus, in every case in which such removal can be accomplished without force sufficient to injure the woman." In Germany, the plan of thorough and immediate cleaning out of the uterine cavity following incomplete abortion has been strongly advocated by Duhrssen, of Berlin, who reported in the *Archiv. f. Gynaekologie* 150 cases treated in that way, with but two deaths, neither of which, he says, was in any manner attributable to the treatment adopted.

Such treatment certainly does away with the dangers involved in the conservative method. Thorough emptying of the uterus puts an immediate stop to the hemorrhage, and it removes the probability of septic infection. Its only danger lies in a lack of care on the part of the operator, who may be too violent in his work. It is possible to penetrate a congested and softened uterus, in the act of removing its contents; or to tear away its own tissue, in the effort to remove adherent particles. But these dangers should not be counted against the operation itself so much as against the skill of the operator. Immediate removal of retained membranes or placenta certainly seems the proper course to pursue in the treatment of incomplete abortion.

ON THE STRUMOUS DISEASES OF CHILDHOOD AND THEIR RELATION TO TUBERCLE.

BY

THOMAS MORE MADDEN, M.D., F.R.C.S.ED.

During a long experience as physician to the first hospital for diseases of children, established in Ireland, with which I have been connected since its foundation in 1872, the increasing prevalence of the strumous and tubercular diseases of childhood has been constantly brought under my clinical observation. The intimate connection and relation between these conditions was pointed out nearly a quarter of a century ago in my work on "Change of Climate," and was discussed in a paper of mine in the Transaction of the International Medical Congress of 1871, as well as last year in my article on *Fuberty*, in Dr.

Keating's recently published American "Cyclopædia of Diseases of Children." I refer to these dates merely as evidence that the views embodied in the following brief recapitulation were not hastily formed nor without some experience of the subject referred to. The increasing proportion of Strumous and Tubercular affections which has been observed of late years in my wards in the Children's Hospital is probably largely ascribable to the faulty dietetic and hygienic management of early childhood, and to the general substitution of artificial, and in many instances very unsuitable, preserved or tinned preparations for that natural or fresh milk which in my opinion is essential for the healthy nutrition of children. As I formerly pointed out, and the observation is now more applicable than was the case ten years ago, the acute forms of tuberculosis, common during childhood, resemble the infective disease in their origin from a specific germ, whether generated in the body or introduced from without. The latter is probably the case in the tubercular diseases prevalent amongst the children of the poor in whose dietary various forms of preserved milk foods now enter largely, as it seems difficult to conceive any certain guarantee that the cows furnishing the supply may not, in some cases, suffer from *perlsucht*, this disease being very prevalent and not materially affecting the quantity of milk. More recently Professor Bollinger has shown that milk may prove infectious whether taken from cows suffering from general or local tuberculosis; in his experiments, only a few drops of undiluted milk from a tuberculous cow proved sufficient to produce miliary tuberculosis in animals. Be the pathogenesis of tuberculosis what it may, however, there can, I think, be no question as to the fact that it is most frequently developed in patients who bear in their general constitutional condition, and more especially in their glandular system, the obvious imprint of the strumous diathesis. Nor is it to be wondered at that in children thus constitutionally enfeebled, the struggle for existence between the invading specific micro-organisms and the blood corpuscles or leucocytes should almost invariably so speedily terminate in the fatal victory of the prolific bacilli of tubercle.

HOW TO DILATE THE SPHINCTER ANI.—Anæsthetize the patient with nitrous oxide or bromic ether. Introduce the thumbs, and dilate firmly, to the full extent. Go round the anal margin, repeating the dilatation until every part of the sphincter has been completely dilated and paralyzed. This is to be done in cases where the sphincter is hypertrophic and in a spasmodic state of contraction, perhaps tightly constricting a protruding hemorrhoid.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, APRIL, 1893.**THE ORIGIN OF AND NECESSITY
FOR PRIVATE HOSPITALS.**

As our knowledge of diseases has increased, the whole field of medical knowledge has been found to be too large for one human mind to cover; for although one doctor might be a good, all-round man, he could not become especially versed in every department of our art. In fact, medical literature has become much too abundant for anyone to keep himself informed on all that is written, so that certain members of the profession have given up the attempt to do so, and, by limiting their reading and practice to one particular subject, have become experts or specialists in that particular branch. With the advent of the specialist and the division of labor, an immense advance has taken place in every department of medicine and surgery, and diseases which before were abandoned as hopeless because not understood have become easily curable. The specialist began to commit to writing what he had discovered, and in the hour of doubt and difficulty his book was consulted by the general practitioner. The latter was sometimes able to carry out the treatment, and cure his patient, but in other cases this could not be done with the instruments in his possession; and as the case might be one which would never occur in his practice again, he could not afford to purchase them for a single operation. Moreover, the operation might be one which can only

be performed fairly well after considerable practice, which the specialist soon obtains, while the general practitioner may never have a second case of the same kind. For his own sake, therefore, as well as the patient's, he sends her to town to be treated by someone who has already had many similar cases under his care. At first the patient went to one of the hotels in the city, where the specialist examined her, confirmed the general practitioner's diagnosis, and forthwith prepared to operate. Though apparently clean, the room was, surgically speaking, filthy; this could not be helped, however; a day nurse and a night nurse were engaged and brought to the hotel to live for a month or more. The administration of ether in a hotel and the moans of the patient gave rise to the just complaints of those who were healthy and came there for pleasure, while the demands of the nurses for sick diet for their patient caused great annoyance to the cooks, so that any hotelkeeper who had once had such a visitor would never knowingly take another. Then, as to the expense: we have known a hotel to charge five dollars a day for the patient and the same for each of the nurses; so that with five hundred and fifty dollars a month in addition to the drug bill and the doctor's bill, the expenses were simply ruinous. Then the specialist, in order to save his patient so much extravagance, tried to take her to a private room in the General Hospital, only to find that that institution was controlled by a staff, who, unlike the members of a liberal profession, have excluded all patients except their own from the benefits of an institution provided by the public at large, and which would rather see the rooms empty than have them occupied by the patients of a confrere not on the staff. With the private wards of the public hospitals closed against him, he was compelled at considerable inconvenience to clear out and render aseptic a room in his own house for their reception, charging them nothing for board but merely what he paid out for nurses. This was all very well when he had only one case, but when half a dozen patients were sent to him at once, the accommodation was insufficient for patients and nurses, and he was compelled to take the house next door to his own or some other house, and fit it up as a private hospital, the patients and

nurses and servants forming a separate family. The rent and taxes, nurses and servants, fuel and light made up an expense quite as much as the patient is able to pay, in addition to professional attendance and in comparison with which her sick diet or board was so small that it might be ignored. The specialist can well afford to pay that out of his pocket, and still consider the patient as a free guest in return for the greater satisfaction and lessening of anxiety while the patient is in the hands of his own trained nurses night and day and in close proximity to his own house. In the private hospital everything is done better than it could possibly be at a hotel or private house. It is provided with an ideal operating room, ideal nurses trained for that special work, and the diet, which plays so important a part in the recovery, can be arranged to suit even to the minutest detail the varying requirements of the patients. And, as a matter of fact, the results are far more successful in the private hospital than they were in private houses and hotels.

The above remarks have been written in reply to an editorial which recently appeared in a contemporary, and evidently written by one of the staff who have excluded all patients except their own from the private wards of the public hospital, and who, by calling specialists with private hospitals, boarding-house keepers, has attempted to cast a slur upon such high-minded and noble leaders of the profession as Weir Mitchell and Goodell of Philadelphia, Emmett, Thomas and Mundé of New York, and Gardner of Montreal, who have each found it necessary to place their patients in their own private hospital.

BOOK NOTICES.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY by HENRY C. CHAPMAN, M.D., with thirty-six illustrations, some of which are in colors. PHILADELPHIA, W. B. SAUNDERS, 913 Walnut Street, 1892.

This is a volume of about two hundred and twenty-five pages which is beautifully and clearly printed. It embraces essentially the course of lectures on the subject of Medical Jurisprudence delivered at the Jefferson Medical College, Philadelphia, during the session of 1891-92. It is a good students manual, to be carefully read over after a lecture; but where particular attention to the subject is doubted,

as suggested by the authors, such standard works as Taylor, Beck and others must be consulted.

THE STUDENTS' QUIZ SERIES. Edited by BERN B. GALLAUDET, M.D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York. Volume 8. Diseases of the Skin, by Charles C. Ransom, M.D., Assistant Dermatologist, Vanderbilt Clinic, New York. Pocket size, 12mo., 192 pages, 28 illustrations. Limp Cloth, \$1.00. Philadelphia, Lea Brothers & Co., 1893.

This little work, although similar to several others on the same subject, is still of a very practical character, and will doubtless prove of service to the student and also to the busy practitioner, as it contains many excellent prescriptions for treating the many and common cutaneous affections. Many illustrations are dispersed throughout the little book, and the letter press is well executed.

THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty-two Writers. In one 12mo. volume of 500 pages. Cloth, \$1.50. Philadelphia, Lea Brothers & Co., 1893.

This is an excellent little work written well up to date, and is one that every practitioner should have in his library, as he can, by this means, keep himself posted on all the important subjects recently under consideration in the various medical journals. The present edition (the ninth) of this "Year-Book of Treatment" contains two new articles: one is on "Anæsthetics" which is here treated as a separate article instead of being as hitherto included in the "General Surgery" portion. There is also a part of the little volume devoted to a branch of medicine which is daily increasing in importance and scientific accuracy, viz.: "Public Health and Hygiene." Woodcuts dispersed throughout the book add considerably to the value of the work.

DISEASES OF CHILDREN. A manual for Students and Practitioners, by C. ALEXANDER RHODES, M.D., Instructor in Diseases of Children, New York Post-Graduate Medical College. Philadelphia, Lea Brothers & Co.

This little book forms part of "The Students' Quiz Series," and contains a vast amount of useful and practical information relative to the diagnosis and treatment of diseases in childhood. In compiling the work the author states that many excellent writers on this subject have been consulted, their

opinions compared, and of these only such as were regarded as the latest and the best have been retained. The purpose of this Compend is simply to present a summary of the diseases of Children, and it is trusted that the student and practitioner will fully appreciate that its use is recommended only after a careful reading of the standard books from which its subject matter has been taken.

BIBLIOTHÈQUE GÉNÉRALE DE MÉDECINE. DR. A. A. CANCALON, *L'HYGIÈNE NOUVELLE dans la famille*. Préface du Dr. Dujardin-Beaumetz Membre de l'Académie de Médecine, Médecin de l'hôpital Cochin. Prix: 3 francs 50c. Paris: Société d'Éditions Scientifiques; 4, rue Antoine-Dubois, 1892.

Under the form of a series of letters to an elderly lady of the old school, the author gently and clearly breaks down one by one the old ideas of disease, and replaces them by the most modern ones. In the simplest language he explains the most marvellous of the discoveries of modern bacteriology so that anyone can understand them. For the first time we have ever seen it in print outside of the editorials of this journal, the author lays down the fermentation of the yeast plant as the type of all microbe diseases, and shows how the growth of this and similar minute vegetables exhausts certain materials from the liquid in which it grows, and throws off excreta which finally put an end to its own life. His letter on heredity is one of the most philosophical we have ever seen. But it is on the subject of the prevention of tuberculosis that the author makes his greatest point; and no matter how the lady to whom the letters are addressed has been prejudiced by the old ideas on its transmission by heredity, she could hardly read this letter without becoming convinced that the disease is the most infectious one known, and that the only hope of stamping it out lies in the universal knowledge of its transmission by bacilli after birth only. For any of our readers who understand French, a rich scientific and literary treat is in store when they procure this little work.

DR. JACQUES NATTUS. *HYGIÈNE DES FIANCÉS*, Paris: Société d'Éditions Scientifiques, Place de l'École-de-Médecine; 4, Rue Antoine-Dubois, 1893.

To those about to choose a wife on scientific principles this little work will prove of great service, for the author not only gives all the tests for beauty of form and character but also tells what kind of a father-in-law and mother-in-law one should select. Unfortunately very few people do make their choice of a life companion in that way, and it is fortunate

that they do not. The old fashioned way of choosing the one they fall in love with and continue to love for a reasonable length of time, has given, on the whole, very satisfactory results.

The author's advice on the subject of honeymoons, which he severely condemns, is very good, and the reasons for doing so are well worth reading. As medical men are often consulted on a question of so much interest to the lifelong happiness of their patients it would be well to obtain this small book for consultation.

THE USE OF THE CURETTE IN UTERINE SURGERY. By A. VANDER VEER, M.D., Professor of Didactic, Abdominal and Clinical Surgery, Albany Medical College, Albany, N.Y. Read at the meeting of the Vermont State Medical Society, Thursday, October 13, 1892, and Medical Society, County of Albany, November 2, 1892.

INTRA-CRANIAL NEURECTOMY OF SECOND AND THIRD DIVISIONS OF FIFTH NERVE. By JOHN B. ROBERTS, M.D., Philadelphia. Reprinted from the transactions of the Philadelphia County Medical Society, 1892.

THE COSMETIC SURGERY OF THE NOSE. Read in the Section of Surgery and Anatomy, at the Forty-Third Annual Meeting of the American Medical Association held at Detroit, Mich., June, 1892. By JOHN B. ROBERTS, M.D., Professor of Surgery in the Philadelphia Polyclinic and in the Woman's Medical College of Pennsylvania. Reprinted from Journal of the American Medical Association, August 20, 1892.

AMBYOPIATRICS. By GEORGE M. GOULD, A.M., M.D., Ophthalmologist to the Philadelphia Hospital. From the Medical News, December 31, 1892.

EXTERNAL HEMORRHOIDS. — Anæsthetize the skin and mucous membrane with cocaine, applied on cotton. Pass a finger into the rectum, and inject six times half a syringeful of cocaine solution, 2 per cent., between the mucosa and the cellular tissue around the rectum, avoiding the veins. When complete anesthesia has been produced, introduce a speculum and dilate the sphincter. — *Reclus*.

RECTAL CANCER. — In certain forms, when the cancer progresses very slowly, and does not completely obliterate the lumen of the bowel, administer purgatives, prescribe lavages of the intestine, and a vegetarian diet. In these cases, the antiseptic medication is applicable, and permits the patient even to grow fat, and to live relatively very well, considering the lesions present. — *Dujardin-Beaumetz*.

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Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, December 23rd, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

A Second Series of Cases of Transplantation of Skin after Thiersch's Method.—DR. BELL read a paper on this subject, and exhibited several cases to illustrate his remarks.

DISCUSSION.

DR. D. J. EVANS spoke of several cases he had observed in Prof. Thiersch's Clinic at Leipsic, and the treatment was always successful.

DR. FOLEY suggested that this method of skin grafting might be used with advantage in treating leucoderma and tattoo marks, by removing the affected skin and supplying new skin.

DR. SMITH asked how deep the skin had to be cut and if hair grew on the new skin.

THE PRESIDENT.—If tactile sensation was present.

DR. BELL, in reply, said that the skin is removed down to the true skin, not into it, for the fibrous tissue will interfere with union. The

hair follicles are thus not taken, and often the only means of distinguishing the transplanted skin from the normal is by the absence of hair. The sensation is as good as in healthy skin.

Carcinoma of the Peritoneum.—DR. ADAMI exhibited specimens from a case of carcinoma affecting the peritoneum. The patient, a Polish Jew, aged 25, was attacked by sharp epigastric pains about August, 1892. These were unremitting and were increased by ingestion of food. The abdomen was noticed to be enlarging in the first week of October, and the patient entered the General Hospital upon October 22nd, under Dr. Stewart. Upon entry the whole lower half of the abdomen was very painful, so much so that the patient was frequently forced to cry out. After admission, the abdomen rapidly increased in size, and the patient showed increasing emaciation of the rest of the body. There was constipation but no vomiting. The patient was tapped upon October 25th, and 120 oz. of a milky, turbid fluid were removed. The fluid was rapidly replaced, so that between this time and the death of the patient, upon December 12, the operation was repeated five times, from 115 to 170 oz. of fluid of the same milky nature being removed at each tapping. Nodular growths could be felt, after tapping, running in various directions; a prominent band ran across the abdomen about one-half inch above the umbilicus, and in the left iliac fossa a great aggregation of nodules

could be distinguished. The post-mortem was performed by Dr. Martin, who forwarded the matted intestines *en bloc* to the Pathological Laboratory. The prominent band referred to above was evidently the thickened and much contracted great omentum, infiltrated with cancerous growths. The mesenteries also were greatly thickened and contracted. Numerous lenticular translucent growths, from 0.5 cm. upwards in diameter, were scattered over the peritoneal surface of both large and small intestines. These latter were matted together by soft recent inflammatory lymph. Apart from the infiltrated mesenteries and omentum which were fairly firm, the soft almost gelatinous growth upon the intestinal wall was most marked around the splenic flexure of the colon and again at the beginning of the sigmoid flexure. At the splenic flexure all the walls of the viscus were involved, and there was marked stenosis. Here probably was the origin of the carcinoma. The mucous membrane of the sigmoid flexure and of the rectum was unaffected.

Upon stripping off the muscular coats of the intestines, the lymphatic plexus was found to be injected with fatty matter and the main lymph trunks could thus easily be traced to cheesy glands lying completely involved in the mesenteric new growth. A portion of this naturally injected submucosa was exhibited. Previously Dr. Adami had examined the milky-looking ascitic fluid, and had found it to be almost wholly deficient in fat, though containing a large amount of proteid, noticeably of globulin.

It would seem, therefore, that in the condition of the lymphatic system is to be found an explanation of the pseudo chylous ascites here described—a form of ascites that not unfrequently has been noted in connection with carcinoma of the peritoneum. The mesenteric lymphatic glands become surrounded by new growth, the vessels passing off from them become occluded, hence from the distended lymphatics of the intestinal wall there occurs extravasation of the fluid of the lymph, the fatty globules, as shown in this case, being left behind, and forming an inspissated mass injecting the lymphatics. Did any of the distended lymphatics undergo rupture, then a condition of true chylous ascites would be induced, such as has been found by Reichenbach in a case of lymphadenoid disease affecting the mesenteric glands.

Microscopic examination of various regions proved that the new growth, although resembling colloid cancer in general appearance, was not of this nature—the alveoli were greatly distended and filled with mucoid rather than colloid material. In some the cells could still be seen, in others the cellular elements had almost wholly degenerated and given place to mucoid

material. This form is by some spoken of as carcinoma myxomatodes; but inasmuch as that term is applied more frequently to cases where stroma and not the alveolar contents undergo mucoid change, it is better to describe it as a myxo-carcinoma.

Cyst of the Right Ventricle.—DR. ADAMI exhibited a brain presenting this condition. At the autopsy the dura mater was found to be generally thicker than normal, and adherent to both calvarium and pia mater. Upon removal of the brain, a cyst was ruptured, and from this poured a clear, colorless fluid. The cyst was nearly two inches across in its largest diameter (the antero-posterior), and about one and a half inches in breadth, extending from under the angular gyrus and second occipital convolution forwards to a point one-half inch behind the ascending parietal convolution in the mid-parietal region.

DR. ADAMI pointed out the facts that militated against this being considered a cyst formed by the breaking down of a glioma; that it was not a hydatid cyst, and that the appearance of the walls was strongly against its being an embryonic cyst. There was left the possibility of its being the sequel of an old hæmorrhage—yet the absence of any signs of pigmentation of the walls was against this supposition. It would be necessary to harden the brain and examine microscopically before any sure statement could be made.

DR. STEWART said that the patient was a man aged 40, and who had suffered for the greater part of his life from headaches, which came on every week or every two weeks. Three weeks before death he was seized with a much more severe headache than usual; he began to lose control over his movements; he noticed that he stumbled against various objects; vomiting came on, and he became soporose, from which he passed into deep coma and death. There was no disturbance of vision, and the eyes, on examination, proved to be normal; there were no localizing symptoms.

Hernia of an Ovary through the Inguinal Canal, in an Infant.—DR. JAMES BELL related the case of a female child, twelve months old, upon whom he had been called to operate for inguinal hernia which had appeared during the course of whooping cough. Frequent attempts to reduce it had failed; it was hard, and seemed like omentum. On cutting down, the sac was found closely covering the tumor, and on removing the sac the hernia was found to be covered with peritoneum. On manipulation there was an obscurely hollow feeling. He (Dr. Bell) thought that it might be a volvulus, and ligatured the pedicle and cut it off. After removal he was no wiser than before as to what the structure was, unless it was an ovary.

DR. ADAMI said that he had examined the

specimen, and found that it was the ovary and fallopian tube of a young child. Towards the pedicle there were found undoubted tubercles. Here was an ovary in a false position, and its weakened condition rendered it an easy prey, and Dr. Bell had done well to remove the tubercular focus.

DR. SMITH said that this was the second time he had seen this condition. Seventeen years ago he saw Mr. Golding Bird remove an ovary from the inguinal canal.

A Case of Poisoning by Chlorate of Potassium.—DR. WYATT JOHNSTON gave the following history:—

The patient, a boy aged 10, on December 14th on getting up in the morning had a sore throat and did not feel well. He went to work, but during the day he felt so ill he returned home, and his mother, thinking that he had quincy, gave him a solution of chlorate of potassium to drink. The amount taken during the day was nearly two tumblersful of a saturated solution, equal to about six drachms of the salt. In the evening Dr. J. A. Macdonald was called, and found the boy in a dying condition, with intense cyanosis of the face and extremities. The autopsy was performed at the order of the Coroner. All the conditions indicated that death had been caused by the potass. chlorat. This salt destroys life by decomposing hæmaglobin into met-hæmaglobin. There were two ecchymotic spots, one on the inner surface of the left fore-arm and the other on the anterior surface of the right leg. On incision they were found to be due to extravasated blood of a dark coffee-brown color and sticky consistency, and which did not change color on exposure to air. The blood removed from the heart showed the characteristic appearances of met-hæmaglobin; it was thicker than normal, of a peculiar chocolate-brown color. The kidneys, spleen, lungs, bone marrow, and brain showed the characteristic brown coloration; urine contained a large amount of albumen but no blood or met-hæmaglobin. Spectroscopic examination of diluted blood gave deep absorption bands at C and F, in addition to two paler bands at D and E, which is characteristic of met-hæmaglobin.

The appearances might be mistaken for those found in acute infectious fevers, or poisoning by other substances which produce met-hæmaglobin, but here chemical analysis showed a large quantity of potass. chlorat.

DISCUSSION.

DR. BULLER thought that the susceptibility to the action of this drug was very great in some individuals. He had met with two persons, mother and son, who could not take it at all, five grains three times a day would make them quite ill.

DR. BELL asked if there is any hope of prolonging life when met-hæmaglobin has been formed—if there is any chance of it being eliminated?

DR. LAFLEUR wanted to know whether the salt was changed in the stomach, or whether it was absorbed unchanged, and circulated as such in the blood? He referred to a case he had reported—a case of poisoning by potass. bichromat.—where the symptoms and conditions found were the same as in this case. One marked feature was the intensity of the rigor mortis and the length of time it lasted, for in seventy-two hours it had not disappeared. The blood was in the same condition and the lungs contained an abnormal form of gas of some kind.

DR. FOLEY said that a dermatitis associated with this condition is very rare; only one case is recorded. Two cases of an erythematous rash have been reported.

DR. STEWART said that potass. chlorat. may cause death by rapidly inhibiting the action of the heart or by the rapid degeneration of the heart muscle, without affecting the blood in any way. DR. JOHNSTON, in reply, said that very little is definitely known of the changes in the blood. The production of met-hæmaglobin is involved in obscurity, and it is now considered to be a mixture of several compounds. He could not say what changes the salt undergoes in the stomach, but it appeared as such in the urine. As to treatment, bleeding and transfusion seem to be indicated, but he cannot find if this has been practised. It has been stated that if the blood is strongly alkaline the change takes two or three times as long to be accomplished, so he suggested making blood alkaline, but such treatment is not supported by any clinical evidence. Intense engorgement of the brain with the altered blood seems to be the most likely cause of the rapid death.

Stated Meeting, January 6th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Simple Chronic Salpingitis.—DR. ADAMI exhibited two very typical specimens of this condition, which he owed to Dr. Alloway. There was no evidence of tuberculosis. Both showed marked atresia towards the uterine end of the tubes, with considerable dilatation above this, and fibroid thickening of the walls. The tubes contained sanious pus.

Papillary Cysts, Adenoma of the Ovary.—DR. ADAMI also exhibited a specimen of this condition sent to him by Dr. Alloway. There were extensive papillary growths into the cysts, which contained thin mucinous fluid.

Papillary Growths in the Lower Bowel.—DR. SMITH gave the following history: The patient, a tailoress by occupation, under my care

for the last 10 or 12 years, complained of severe dysmenorrhœa necessitating leaving off her occupation several days monthly. She also suffered from mitral regurgitation. In addition to dysmenorrhœa she complained of a pain in her left side, which persisted throughout the intermenstrual period. At last I decided on abdominal section. This was done two years ago; she made a good recovery, and the case was reported at the time. The pain, however, has not been altogether cured. Dysmenorrhœa, of course, ceased, with the exception of the first period after the operation; she has had no period since. The pain in the side and back still persisted. Soon after the operation she began to complain of passing small quantities of blood per rectum, which, at the time, I supposed was a sort of vicarious menstruation, this hemorrhage generally occurring at the menstrual period. After a time, however, she brought me some small pieces of flesh about the size of a split pea, one or several of which she noticed herself passing each time she had a hemorrhage of bright red blood. I at first thought them little polypi or warts. On examining the rectum I could find no growth there. On making a vaginal examination, however, I thought I could discover some thickening of the left vault,—some indication of an irregular shaped mass in the left iliac region, which, owing to the extreme corpulency of the patient, was difficult to outline. Hemorrhage increased steadily; last time there was a teacupful of bright red blood. She brought me several of the pieces referred to above, which I handed to Dr. Adami for microscopic examination. It is important to ascertain whether these are parts of a simple or malignant growth.

DR. ADAMI described the small growths in question. He pointed out that they were evidently hypertrophic growths of the mucous membrane. From their structure he considered that they had developed in the lower portion of the colon, and this opinion gained support from the bright red, unaltered blood which passed out along with them. As to the question whether they were of malignant nature or not, he was inclined to consider them non-malignant; they contained comparatively few blood vessels—their glandular structure was typical, not atypical.

DR. ADAMI exhibited a specimen of ulcerative colitis from the museum of McGill College, presenting very similar papillary growths. He pointed out the frequent relationship between the production of such papillary adenomata and chronic inflammatory disturbance. The increased nutrition in the hyperæmic zone around old ulcers, for example, may originate such overgrowth of the mucous membrane in these positions. Other cases of these papillomatous growths are, however, accompanied by no definite history of chronic inflammation.

DR. SMITH expressed his satisfaction with Dr.

Adami's clear description of the condition present. His observations of the patient confirm Dr. Adami's remarks. She does not resemble a patient suffering from malignant disease. When her bowels are moved she suffers pain; and if the motion is hard, its passage is followed by bleeding and pieces of tissue. In one of these pieces a little blood vessel was noticed.

DR. STEWART—Was there much hemorrhage?

DR. REED—And how often did it occur?

DR. SMITH—A teacupful at the last occasion. As to frequency, it was generally at the time of her periods that the hemorrhage occurred; in the intermenstrual period it occurred very seldom and very slightly. The hemorrhage did not always amount to a teacupful.

DR. ENGLAND—Was there hemorrhage before the appendages were removed?

DR. SMITH—No. In removing the ovaries I noticed a subperitoneal fibroid on the back of the uterus, which I did not disturb, not wishing to complicate the operation. The appendages were very much inflamed and thickened, the ovaries also.

DR. A. LAPHORN SMITH read a paper on Tubercular Peritonitis, with report of a case treated by operation.

It is now three years since Dr. William Gardner read a most interesting paper before this Society on abdominal section for tubercle of the peritoneum and uterine appendages, reporting at the same time five cases with two deaths. We have had no discussion, as far as I am aware, on this most important topic since then, and as I had a case of the same kind to report, I wrote my paper so as to give an opportunity for a discussion on tubercular peritonitis in general, and the operative treatment of it in particular. Having seen a good many patients die from this disease, under treatment with medicine, some of which cases were diagnosed and some were not, and having made post-mortem abdominal sections of a good many children who died from this disease at the East London Children's Hospital during my term of residence there, I have always taken a great deal of interest in the progress which our knowledge of this obscure disease has been making during the last ten years, and especially in the wonderful results of abdominal section as a means of cure. How is the disease contracted? How may it be prevented? How may it be diagnosed? And what is the best treatment? These are all questions of great practical importance. I shall only attempt to throw out a few suggestions in reply to these questions, trusting that the professors of pathology, medicine, hygiene and abdominal surgery, who may be present, may give us from the abundance of their knowledge. In order to clear the ground for action, I would like to begin by expressing my utter disbelief in the heredity of this disease, no matter where situated, whether in the res-

piratory organs or in the digestive organs, or even in the joints. That a great many children are infected by their tubercular parents after birth is easy enough to understand, but that a child born of tubercular parents, but never exposed to infection, either by bacilli-laden air or bacilli-laden milk, could acquire tuberculosis, is a thing of which I have never seen or heard the slightest proof. Any evidence which has so far been brought forward on this point would prove much more easily that measles was a hereditary disease. This question of infectiousness is much more important than one might at first sight suppose. For, until the profession can be freed from the superstition of heredity there is little hope of tubercular diseases being stamped out, as they only can be by rigorous precautions against infection by the air or by the food.

If tubercular peritonitis then is not hereditary, as I hope no one here believes, by what means does the peritoneum become infected? Through the blood vessels or through the lymphatics? There would seem to be little doubt in the mind of pathologists that the lymphatics are the channels by which the bacilli gain admittance to the great lymph sac. The fact that the pleura and pericardium are connected with each other by lymphatics, and the frequency with which tubercular pleurisy and pericarditis exist as complications of tubercular peritonitis without the lungs being affected, together with the absence of bacilli in the blood, would place this contention almost beyond a doubt.

If this be the case, the bacilli must be introduced by the digestive or genital tract. Let us take first the digestive tract. Although theoretically a few bacilli might be swallowed with air, practically this would be a very rare cause of the disease. The large number of tubercular cattle which are killed on the farms or in small towns and even in private slaughter houses in large cities, so as to escape inspection, and the quantities of milk from tubercular cattle supplied to young children and others would furnish a bountiful supply of bacilli for the purpose of infection. Another method which might be termed auto-infection is that in which a patient with tubercular disease of the nose or mouth or larynx, or still more often of the lungs, swallows the discharge from these ulcerating surfaces laden with bacilli. They then pass through the absorbents and are at once grafted on to the peritoneal surface. Before long they are surrounded by phagocytes and are walled off by inflammatory exudation, so that they appear as little colonies or miliary tubercles. This process, however, at the same time causes adhesions of neighboring coils of intestine producing more or less pain, abdominal distension and interference with the processes of digestion. Strange to say, this does not always cause

fever; on the contrary, the temperature is often below normal.

In a large number of cases, 40 or 50 per cent. of the females at least, the disease has been found to co-exist in the tubes. At first, one might think that the disease in these cases had spread from the peritoneum down the fimbriated extremity of the fallopian tubes, were it not for the fact that in a large number of cases women have been known to suffer from tuberculosis of the vulva, vagina, uterus and tubes, without the peritoneum being at all infected. So that it is much more likely that the genital tract infects the peritoneum than that the peritoneum infects the genital tract.

The prevention of the disease depends most upon the detection and slaughter, at the expense of the country, of all the tubercular animals which might be used either for food or for giving milk, and the destruction of infected sputa from the respiratory tract of human beings. Only one step farther, though rather a long one, would lead us to the State undertaking the stamping out of the disease in human beings by the gathering together in a national sanitarium of all those who are at present acting as widespread centres of infection.

How to diagnose it is a more difficult question than any; so difficult, indeed, that it is rarely diagnosed at all. Dr. Gardner frankly stated in his paper that in only one of his five cases was the real nature of the disease suspected prior to the operation. The symptoms are very variable. There may be fever in some cases, while in others the temperature may be sub-normal. There may be very great or very little pain or tenderness. There may be diarrhoea or obstinate constipation. There may be effusion or there may be no effusion. There may be sweating, but this also may be absent. There may be tympanitis or the abdomen may be flat. There is generally nausea and anorexia, but occasionally the patient has a good appetite. There may be tumor-like formations due to adhesions of omentum and intestine, to the occurrence of which we are indebted for much of the increase in our knowledge of this subject, for it was in operating for supposed ovarian tumors, which they so much resembled, that the operative treatment of tubercular peritonitis was stumbled upon rather than invented. Pozzi mentions that out of 96 laparotomies in which this disease was found, in 37 of them ovarian or other tumors had been diagnosed. There are only two symptoms which seem to be constant, namely, rapid emaciation and great weakness.

Where so many diagnosticians have been deceived, the only sure means of making a diagnosis in all obscure diseases of the abdomen is to make a harmless exploratory incision, which will at once make the nature of the disease clear in the majority of cases.

Exploratory incision becomes a still more valuable means of diagnosis when we come to consider that at the same time, should the disease prove to be tubercular peritonitis, it is also the treatment which so far has given the best results.

The prognosis of tubercular peritonitis depends very much upon the treatment carried out. If treated by opium, as first advised by Stokes, of Dublin, in 1821, and afterwards by Graves, it was almost hopeless. Loomis, one of Clarke's disciples, says: "After weeks and months of anæmia and exhaustion, tubercular peritonitis terminates in death." Davis says: "All cases of peritonitis arising from tuberculosis are incurable. Temporary relief may be obtained by the removal of the accumulated fluid, by aspiration or tapping, but the diseases which have given rise to the peritoneal trouble, being themselves incurable, there is an inevitable tendency to a fatal termination." In Ziemssen's Encyclopedia, and Pepper's System of Medicine, the prognosis is regarded as absolutely fatal.

But under the treatment by surgical operation, not too long delayed, the prognosis is already favorable, and bids fair to become much more so when abdominal section is resorted to earlier.

Does the operative treatment of tubercular peritonitis ever cure? This is a question which, during the last few years especially, has been a burning one. In the light of our present experience there can no longer be the slightest hesitation in answering it in the affirmative. In the words of Dr. Osler, the operative treatment of tubercular peritonitis is the most recent triumph of surgery. Kœnig, of Gottingen, gives an opinion founded on 131 cases, that by laparotomy 95 per cent. are much benefited, and 25 per cent. completely cured. Manoange gives 68 cases, of whom 13 died soon after operation, 15 disappeared, 14 remained alive at the end of six months and 26 at the end of twelve months. Homans records two cases with recovery. Goodell has operated on four cases, of whom three recovered and one died six months after the operation. Munde has operated on three cases with one death and two recoveries. Kelly gives four cases with four recoveries. Grieg Smith has operated on two cases with one death. Pitts reports three cases with three recoveries. Imlach reports five cases with four recoveries. These make a total of 222 cases treated by laparotomy with 84 recoveries, or 38 per cent. Judging from our experience in other departments of surgery, the result in the operative treatment of tubercular peritonitis will become much more favorable when the disease is recognized earlier, or when, in case of doubtful diagnosis, an exploratory incision is made, and no time is lost with unavailing treatment with medicine.

The surgical treatment of obscure intra-peritoneal disease is yet in its infancy. So far, as a rule, we have only been allowed to operate when all hope has been abandoned and the patients are *in extremis* with an enormously distended abdomen, thready pulse and cold extremities. There is a cause for every case of peritonitis, and if we know what that cause is we should operate to remove it; and if we don't know what the cause is, we should operate to find out. As J. W. Ross says, guessing at the cause from without the abdominal wall will not help us. We know that it is an operable disease, that an early operation is of the greatest value, while even in advanced cases it will frequently prolong life and possibly cure.

In one of Dr. Gardner's cases the abdomen was opened, inspected through a one and one-half inch incision, but nothing whatever was done; and yet the patient was decidedly improved, if not cured, by the operation. How can we explain a phenomenon which appears so inexplicable? The life history of bacteria, which is gradually being worked out by the devoted labors of the pathologists, appears to me to throw some light upon the mystery. The lower forms of fungi shun the light and air. Some of them may even be so delicate in this respect that sunlight and ventilation alone suffice to kill them. Not only in tubercular peritonitis, but in other forms of disease with effusion, the simple opening and drainage of the cavity has been noticed over and over again to have a very favorable influence on the disease. Lawson Tait says that he has seen tumors disappear, after laparotomy, in cases of disease of the liver, spleen and head of the pancreas. This has happened so often that it is impossible that it is a mere coincidence. He believes that the mere opening of the peritoneum has a direct influence in setting up the process of absorption. He thinks that some emphatic physiological change is at once set up by opening the peritoneal cavity, because there is a uniform onset of a most distressing thirst which lasts for days, and is not seen so markedly after other surgical operations. "Let the incision in the abdominal wall," he says, "be made down to the peritoneum, but let the serous cavity remain unopened, and this thirst is not marked; but let the peritoneum be opened but a finger's breadth and the result is marked." That a therapeutic change is effected in the peritoneum itself by the mere opening of the cavity is now universally recognized in the treatment of what we call tubercular peritonitis by abdominal section. This, however, is a question which I prefer to leave for fuller discussion to our pathologists.

I will now briefly relate my case, for in the words of Crofford, of Memphis, "The honest report of a single case will outweigh all the theory and speculation imaginable."

On the 22nd August, 1892, I was consulted

at the Montreal Dispensary for the first time by Mrs. S., aged 32, mother of three children, last child three years old. My clinical assistant, Mr. Harry, obtained the following history: Her family history was good and free from any trace of consumption, as far as she knew. She had always had fairly good health until two years ago when she was troubled with a soreness in her larynx or windpipe, which also prevented her from swallowing any solids, and for which she consulted Dr. Birkett. He treated her for several weeks with great benefit, since which she remained what she considered well until a few months before coming to the Dispensary, when she noticed that she was rapidly getting thin and her complexion was getting very dark, which she attributed to her liver being out of order. Occasionally the abdomen was sore and distended, and coitus and locomotion generally caused her pain. Menstruation had been scanty last two periods, and had not come on this time. During the last few weeks she had diarrhoea, and frequently felt hot and cold. She had no cough nor soreness of the throat, and her voice was very clear and strong. Her tongue was very coated, and her pulse 120, weak and almost dicrotic.

It is one of the rules at my clinic to take the temperature of every new patient, by which means acute febrile diseases are frequently recognized, which in the hurry of out-patient work might often escape detection. On this being done in this case, the thermometer registered 103 under the tongue.

The patient presented a very emaciated appearance. On vaginal examination, the cervix uteri was found to be lacerated on the left side and low down in the pelvis, while the left vaginal vault was fuller than normal and somewhat hard.

At the time she looked so like a typhoid case, that I ordered her to go home and go to bed, to take a hot water vaginal douche once a day, and to take no other food but milk. On calling at her home the next day, the temperature was the same. A careful examination of the abdomen revealed the presence of three rose-colored spots which disappeared on pressure. She still had diarrhoea, which was so profuse and painful that I was obliged to give her opium and camphor, and even that hardly stopped it. She was troubled with frequent micturition. There was also some abdominal distension, but there was no tumor to be felt, percussion giving, however, only a tympanitic note everywhere, for which I ordered turpentine stupes with considerable benefit. There was no dullness of the lungs on percussion, and auscultation showed that breathing was rather shallow and respiration a little prolonged.

During the next two weeks there was very little change in her condition, and I contented

myself with treating the symptoms as they arose. If she had had pain in the right inguinal region instead of on the left, I would have had no hesitation in coming to the conclusion that I was dealing with a case of typhoid fever, which at that time was rather prevalent in the city. Her temperature in the morning was nearly always a degree lower than at night.

After about two weeks, on making a morning visit, I found the temperature normal, and the skin, which had been hot and dry, was now bathed in perspiration. Although weak, she felt better in every way, and continued to improve for several days, so that I allowed her light farinaceous food in addition to the milk. As her temperature remained normal, I yielded to her request that I should allow her to sit up. I did not see her for several days, owing to absence from the city. On my return I found her back in bed with a high temperature and rapid pulse, and her abdomen distended and very painful on the left side. She also had a dry cough. She still had diarrhoea, for which I gave her bismuth, pepsine and a little morphine. There was only slight pain but no gurgling on the right side, but on making a little deeper pressure on the left side, I found the abdomen very painful and hard, and on making a bimanual vaginal examination, to my surprise I discovered the left vaginal fornix as hard as a board, into which hardness the uterus and left tube and ovary were firmly imbedded.

Notwithstanding the presence of so many of the symptoms of typhoid, I now felt convinced that the case was one of tubercular salpingitis, which indeed it probably had been all along, and I therefore urged immediate operation for its removal. To this, however, the patient would not consent. She was now placed on quinine and cod liver oil, alcohol and a generous diet, but her appetite remained poor until the oil was replaced with cream, after which she ate well. As she was under the impression that she would choke if she were to attempt to swallow any solid food, everything was cut very fine and, as far as possible, was first passed through a ricing machine.

Owing to her emaciated condition it was difficult to prevent bed-sores from forming in spite of every precaution. At last she found herself failing so much that she consented to the operation, which was performed on 24th October at her home, in which I was assisted by Dr. Ritchie and Mr. Smiley. The usual aseptic precautions were taken as far as her condition and the surroundings would permit, and she was easily anesthetized with the A. C. E. mixture. Her abdominal wall was so thin that I cut through it layer by layer on the director, and it was fortunate that I did so, for the perietes and the omentum and intestines were all so intimately glued together, that had I made an

artistic single incision I should inevitably have cut through the bowels in several places, as indeed I once saw Olshausen himself do in a similar case. Even with this precaution I had difficulty in deciding when I had reached the peritoneal cavity. There was quite a thick layer of this organized lymph between the parietes and the omentum, but it was separated without much difficulty, when it became evident that the case was not localized in the appendages. In the right inguinal region there was a space the size of the palm of the hand where the omentum was not adherent, and the intestine could be seen to be covered with miliary tubercle. On the left side the omentum was very adherent to the abdominal wall right down to the inguinal region, but it was carefully peeled off until I was able to introduce two fingers down to the left tube as it came off the uterus. On attempting to lift the left appendages out in order to remove them, I found that they were in a broken-down and cheesy condition, the tube breaking off about three-quarters of an inch from the cornu. A few handfuls of caseous matter were then fished out; but the patient in her exhausted condition was too weak to bear any further prolonged manipulations without great danger, so the abdomen was carefully washed out with several gallons of sterilized hot water, a thin drainage tube was inserted, and the incision was sewed up with silk worm gut. A single hypodermic injection of morphia was administered, but after that she had little or no pain, not even the pain in the left inguinal region which she had had for some time before. The temperature also came down from 103 to normal, and remained there for the two days the tube remained in, but gradually rose again after its removal. A few ounces of blood were removed with a sucker during the next forty-eight hours, when the discharge becoming serous the tube was removed. During the next week she had frequently gushes of clear, water-like lymph from the vagina. She made such a nice recovery after the operation that I began to hope that she might eventually be restored to health, but two weeks and a half later she suddenly had a hemorrhage from the bowels amounting to at least a pint of blood. From that time she rapidly failed, dying a week later and three and a half weeks after the abdominal section. A post-mortem was asked for, but refused.

Although the result was ultimately unsuccessful, there is a good deal to be learned from the consideration of a case of this kind. First, there was the insidious onset of the disease. The patient had been in fairly good health ever since her treatment by Dr. Birkett for some affection of the larynx, until a few months before consulting me, and even then she only had the usual symptoms presented in women suffering from lacerated cervix. In fact, had I not taken her

temperature I would have had good reason to suppose that that was the cause of her abdominal pain, disturbance of digestion, etc. On the other hand, all the symptoms, the temperature included, pointed to typhoid in the second week. There was only one symptom partially missing, and that was the absence of pain and gurgling in the right inguinal region. There *was* pain there, but not so marked as on the left side. Then, again, after a period of defervescence during which the temperature remained several days normal and even below normal, the temperature arose as in a typhoid relapse, while the profuse hemorrhage from the bowels coming on three weeks later would have rendered this opinion more probable, had I not had the diagnosis of tubercular peritonitis made positive by the abdominal exploratory incision. Judging from the thickness and thoroughness of the adhesion, the disease must have been progressing for many months while the patient was going around and doing her work. Then, again, this point emphasizes the value of an exploratory incision as an aid to diagnosis in doubtful cases. Many cases of tubercular peritonitis are diagnosed and treated as typhoid. I regret very much that a large piece of caseous material which represented the left tube, and which I laid aside for microscopical section and examination for tubercle bacilli, was thrown away by the nurse. However, that might have been negative in its results, for it does not always follow that the bacilli will be found,—in fact, it is the exception to find them in undoubted cases of tubercular salpingitis. They are probably destroyed by the phagocytes, leaving nothing but the caseous debris of dead cells and bacilli. Another interesting question is this: Did the disease originate, or, to be more definite, was the infection introduced by the *genital* tract and carried up the vagina, uterus and tube to the peritoneum? or were the bacilli introduced from the *digestive* tract into the peritoneum and thence into the tube? Numerous cases of both these methods of infection have been recorded. Some maintain even that the spermatozoa from a tubercular husband may contain the bacilli; but the husband in this case was very healthy, and it seems unnecessary to fall back upon this hypothesis when there are so many easier ways for a woman to become infected. This may occur either with tuberculous sputa from her own or her husband's or her neighbors' lungs by means of her, his or their fingers or soiled handkerchiefs. In view of the fact that so many are so biased by the doctrine of the heredity of consumption that they cannot recognize its terrible infectiousness, it is rare that precautions against infection are taken. There are but few out of the thousands of tuberculous husbands, I fancy, who take the precaution of disinfecting their hands and penis before having sexual intercourse. According

to Winkle, 50 per cent. of the cases of tubercular peritonitis are infected by a tubercular salpingitis, and the early removal of the diseased tube would have prevented it. The rest of the cases of tubercular peritonitis are infected by means of the digestive tract, the tubercle bacilli passing directly from the stomach and intestine into the peritoneal cavity. The bacilli may have been swallowed with infected meat or milk, which is probably the commonest method of all when the lungs are not affected, but more often still when the respiratory tract is primarily attacked the bacilli are swallowed with the sputum in large numbers. This was undoubtedly the source of infection in my case. Dr. Birkett probably treated her for tubercular laryngitis, and cured her, but the cicatrix led to some distortion of the epiglottis which caused her difficulty in swallowing. At the time, she swallowed enough bacilli to infect the peritoneum, and the disease slowly progressed ever since without the symptoms being at any time sufficiently marked to call urgent attention to them.

Whence came the hemorrhage from the bowels? Doubtless from the ulceration of a tubercular focus eating through a large vein or artery in the wall of the intestine, just as the same thing happens in tubercular disease of the lungs, and just as occurs in the ulceration of Peyer's patches in typhoid fever. That perforation of the bowels was *not* followed by fecal extravasation, as generally happens in the perforation of typhoid, can be easily explained by the presence of a vast amount of dense adhesions in tubercular disease, contrary to what is the case in typhoid, by which means the area about to be perforated by the tubercular ulceration is walled off from the rest of the peritoneal cavity.

If my brief résumé of our present knowledge of tubercular peritonitis should draw forth some remarks from those here who are more able to instruct you than I, and if the report of my case will lead to you all come to a more speedy diagnosis and to adopt earlier what I believe is the only proper treatment, my very imperfect paper will have fulfilled the purpose for which it was so hastily written.

Dr. ADAMI held that in this case, probably all would agree that infection had occurred through the intestinal tract—the most usual cause of tubercular peritonitis. While infection could, and did, without doubt, originate through the genital passages in the female, he feared that obstetricians were wont to attach too much importance to this channel. Tubercular peritonitis is most frequent in children, and here there can scarcely be question of infection per vaginum.

With regard to operative treatment as a means of diagnosis, he agreed with Lawson Tait,

"When in doubt perform a laparotomy." It must, however, be remembered that in a very large proportion of cases, tubercular peritonitis tends to be very chronic, nay more, not unfrequently it tends to spontaneous cure or, rather, arrest. The explanation of its frequent slow course, especially in children, is to be found in its connection with the milk diet of those affected. As Bollinger, Bang, Woodhead and others have proved, there is an intimate association between tuberculosis in the cow and the tubercular peritonitis in children.

Dr. ADAMI dwelt to some length upon the nature of this tubercular disease in the cow, and pointed out the frequent difficulty in diagnosing the same. He indicated that by centrifugalizing the milk, the bacilli could be determined with comparative ease, while diagnosis might be aided by the employment of Koch's tuberculin. It has of late been fairly satisfactorily proved that tubercle bacilli from different animals possess different degrees of virulence; there are, in fact, varieties of the bacillus in question, and cultures obtained from the cow are of less virulence than those obtained from cases of acute tuberculosis in man. In this way, he considered, might be explained the milder nature of many cases of tubercular peritonitis, especially in children. It is not uncommon, in conducting autopsies upon children of twelve years of age and over, to find that the peritoneal cavities are perfectly sound, yet certain of the mesenteric glands are cheesy, indicating a condition of tuberculosis that has passed off, leaving but these traces.

With regard to Dr. SMITH's explanation of the fact that opening the abdominal cavity may lead to cure, Dr. ADAMI could not agree with him that simple ventilation of the cavity was the cause. He was of opinion that a far more likely cause was to be found in the irritation induced by the operation, and washing out—the inflammation set up in excess of what obtained previously. With this might be compared the increased inflammation and increased absorption that accompanied the injection of tuberculin, etc.

Dr. REED expressed his pleasure at listening to Dr. ADAMI's remarks. He noticed that in the *British Medical Journal* of this week, one or two points mentioned were in a line with the opinions of Doctors SMITH and ADAMI. Several eminent men. Robson and others, said cases with a good deal of dropsy were most likely to do well, and that those cases which were most likely to do well after laparotomy were most likely to do well without it. Supposing, of course that a patient has tuberculosis of the larynx, it is more than simple peritoneal tuberculosis, and the prognosis would be worse.

To be continued.

Progress of Science.

INTERNES COOK COUNTY HOSPITAL, CHICAGO.

The Annual Competitive Examination for the positions of interne at this institution, one of the largest hospitals in this country, was recently conducted by thirty members of the Regular Medical Staff.

An examination of the records shows that of the thirty-one competitors twelve were students of Rush Medical College, nine of the Northwestern University Medical School (Chicago Medical College), nine of the College of Physicians and Surgeons, and one of the N. W. Univ. Woman's Medical School.

The eight positions were secured by E. H. Tinon, F. A. McGrew, R. B. Oleson, J. J. Claussen, G. W. Skinner, T. J. Williams, T. P. Findley and T. A. Olney, in the order named.

Representatives of Rush Medical College secured 1st, 2nd, 5th, 6th and 8th (five) places; Chicago Medical College, 3rd and 7th (two) places; College of Physicians and Surgeons, 4th (one) place.

Internships in this hospital are among the most valuable positions obtainable in this country, and, as they are very earnestly competed for by the best students of the different medical schools in that city, the gentlemen securing positions are to be congratulated.

BUREAU OF INFORMATION AND SERVICE FOR DOCTORS ATTENDING THE COLUMBIAN EXPOSITION.

Doctors from all parts of the world visiting the Columbian Exposition in Chicago, opened on May 1st, should keep in mind, as valuable information for themselves, that Messrs. Chas. Truax, Greene & Co. have authoritatively established a Bureau of Information and Service for the purpose of aiding doctors to secure board, etc. They also provide a sitting room, a reading room, etc., and will cheerfully furnish such information as they can about the Exposition, etc.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

Will hold its Annual Session in Milwaukee, Wis., Monday evening, June 5th. The *Journal of the American Medical Association*—the editor of which is President of the Association— informs us that the officers have resolved to make a great effort during this session to per-

fect the organization, and have every regular medical journal in the country represented; also to create renewed interest in medical journalism, etc. Hence Mr. Ernest Hart, the distinguished editor of the *British Medical Journal*, has been invited to deliver an address. Dr. J. Stanley Hall, president of Clark University, at Worcester, Mass., one of the editors of *Journal of Psychology*, and in charge of the most complete laboratory for psychological research in America, will also address the Association, probably on some psychological point. We so thoroughly recognize the value of an Association such as Dr. Culbertson wishes to make this that we most cheerfully proffer our cordial help.

PROFESSOR OSCAR LIEBREICH ON MINERAL WATERS.

The *British Medical Journal* reports that in a paper on Artificial and Natural Mineral Waters, read by Professor Oscar Liebreich at the Balneological Congress recently held in Berlin, he began by asking: Is chemistry sufficiently advanced yet to produce artificial mineral water equal in all respects to the natural water? The answer is negative. The artificial production of mineral waters is a much more difficult matter even than the production of such substances as alizarine, indigo, etc., and the analyses, even of the most renowned analysts, fall short of the full contents of the water. In the natural mineral water, on evaporation, there is always a residuum which is not contained in the analyses of the artificial mineral waters. The carbonic acid gas which furnishes the effervescence of natural mineral waters exists also in the form of "carbonic acid hydrate." This has been inferred from the existence of another combination derivative from it, namely, carbonic acid ethyl, which is probably contained in champagne and in other alcoholic effervescing drinks, and is known for its agreeable taste. It may be supposed that the action of an hydric carbonic acid gas is different from that of carbonic acid hydrate. "Even the best manufactured mineral waters," Professor Liebreich points out, "differ from the natural ones in taste and value; this difference it is not so easy to explain." He concludes by observing that: "As to the so-called 'indifferent' springs, it is a mistake to speak of them as of minor value." It must be remembered that they, too, contain mineral ingredients, if only in minimum quantities, which counteract the harmful properties of perfectly pure distilled water. Even hydropathy is a mineral water treatment, for if the water used were without traces of mineral substances it would be poisonous. This has been sufficiently proved elsewhere.

CEREBRO-SPINAL MENINGITIS.

In the spring number of *Brain*, 1892, Trevelyan records thirteen cases of the non-epidemic disease with eleven necropsies. In no case was tubercle found after death, and in only one instance was there otorrhœa during life. The occasionally rapid course of the disease, and the ease with which it may be overlooked, are referred to. Under the morbid anatomy it is pointed out that the chief seat of the disease is in the subarachnoid tissue, and that the exudation is most plentiful in the dorsal and lumbar regions of the cord, because this tissue is most abundant there, whereas there may be none in the cervical region. The character and extent of this exudation in cases which recover are discussed, and the importance of a more systematic examination of the cord dwelt upon. Of the thirteen cases, six were examples of the primary disease, two complicated acute pneumonia, one was associated with proliferative endocarditis, and in another case these three diseases existed together. The relationship of these diseases is then discussed, and the probability of the same *materies morbi* (as, for instance, the pneumococcus infection) being able to produce them is referred to. No bacteriological investigation was made in these cases. In a most rapidly fatal case (ix) the disease supervened on diphtheria. The occurrence of cerebro-spinal meningitis after such infective diseases as enteric fever, measles, influenza, is next illustrated. In Case xii profuse otorrhœa occurred in the course of the meningitis, and at the necropsy no bone disease was found. The possible spread of the inflammation from the meninges to the middle ear is then alluded to, and the mode of origin of meningitis secondary to ear disease without any bone affection touched upon. Cerebro-spinal meningitis after head injuries, but without fracture, is next referred to. Case xiii was an example of the disease occurring after a comparatively trivial operation on the throat. Other such cases are cited, and an explanation of the connection, if any, between the events sought for.—*Med. Press.*

PROLAPSE OF THE EXTREMITIES IN HEAD PRESENTATIONS.

J. Kaeser (*Centralbl. f. Gynäk.*, No. 2, 1892), from a study of recorded cases, finds that prolapse of the extremities is far commoner in multiparæ than in primiparæ. The complication is favored by hydramnion, contracted pelvis with previous heavy labors and twin gestation, since in these conditions the inferior uterine segment does not press on the head with

firmness sufficient to prevent prolapse of the extremities. Prolapse of the arms is less serious than prolapse of the legs, but the cord often comes down as well in these cases, and that condition is very grave for the child. When the membranes are yet entire the obstetrician must wait till the os is completely dilated. Then the protruding extremity must be pushed up, and the head brought well down by external pressure. After rupture of the membranes, manual reposition of the prolapsed member must be effected; if this prove unavailing and the head is movable, it will in many cases be advisable to turn. When the head is firm, reduction of the extremity should be cautiously attempted in the intervals between the pains. If this should fail, then, according to the nature of the case in other respects, natural evolution may be awaited, or the forceps or perforator may be required.—*B. M. Journal.*

INJECTION OF SALINE SOLUTIONS.

Kortmann (*Deut. Med. Woch.*, April 21st, 1892) refers to over-distension of the venous system and other dangers from intravenous injections in cases of acute anæmia due to loss of blood, as well as to the want of success so often attending them. It is recommended to inject some 600 g. of a warm 6 per cent. sodic chloride (sterilized) solution into the outer side of the thigh, the needle being inserted well under the fascia ("parenchymatous injection"). A syringe holding 100 g. with a long needle provided with a stopcock, is made use of. It has been proved that absorption takes place rapidly from the subcutaneous tissue in the case of loss of fluids to the body. The circulation must, of course, be going on, but even in desperate cases with hardly any pulse such absorption will take place. In these cases it might be well to inject 100 g. into the veins at first, and then to proceed with the other method. The author gives the details of 11 cases, 6 of which were treated with intravenous injections, and the 5 remaining ones with these parenchymatous injections. Only one of the former recovered, whereas of the latter only one died. With one exception, they were all cases of hæmorrhages after very severe operations upon patients, many of whom had already lost much blood. The author is of opinion that, in all cases of acute anæmia consequent upon internal hæmorrhage, intravenous injections are contra-indicated on account of the danger of the rise of blood pressure producing further hæmorrhage, and that here subcutaneous or parenchymatous injections should alone be used. The latter methods are simple and without danger.—*B. M. Journal.*

HYDROGEN PEROXIDE AS A THERAPEUTIC AND DIAGNOSTIC AGENT.

From a large experience with this drug, Stuver (*Therap. Gazette*, March, 1892) draws the following conclusions:—(1) A reliable solution of hydrogen peroxide is an efficient and safe germicide; (2) by its oxidizing power it rapidly decomposes pus, diphtheritic membranes and other pathological decayed deposits and effusions; (3) it is an excellent deodorizer, and a non-irritating cleansing agent for foul wounds, abscesses, etc.; (4) it is a valuable diagnostic agent in determining the presence of pus, for, when injected into a part in which suppuration is suspected, it will indicate pus if present by causing almost immediate tumefaction. When employing the drug in this way the surgeon must be prepared at once to use the knife should his suspicions prove correct, as thereby pain will be avoided. A number of suppurating buboes treated by the author did admirably under this method.—*Current Medical Literature*.

PERICÆCAL ABSCESS.

Mr. Edmund Owen operated on a young man, æt. 18, who had just been admitted into the hospital under Dr. Broadbent for an obscure abdominal affection. The history was that the patient had suffered from "inflammation of the bowels" last June, and that he was again in trouble in August with hypogastric and vesical pains; also that, being a plumber, he had been treated, according to his account, for lead colic. He looked very ill, and complained of piercing pain in the right inguinal region; temperature 102° F. As he lay on the table, Mr. Owen pointed out in the right iliac, hypogastric, and also in the right lumbar region, a great hardness and fullness, which felt as solid as a sarcoma, but its extreme tenderness suggested the swelling being of an inflammatory nature. Mr. Owen gave it as his opinion that the source of the trouble was perforation of the vermiform appendix. He made a free incision over the most prominent part of the tumor, which was about 2 in. to the inner side of the front of the iliac crest, and having traversed the abdominal wall, called attention to the fact that the muscles were so sodden with inflammatory effusion as to be about 2 in. thick, and that this apparently constituted the chief part of the hardness and swelling. Having cut a little deeper still, he came upon two encysted abscesses, which, to the onlooker, seemed to be very deeply placed in the iliac fossa. He remarked that all the tissues were so matted and sodden as to be incapable of recognition, and that he should be content with washing them over with hot iodine water, and draining them. He said that inquisitorial handling was not only

uncalled for, but that it might lead to the inflammatory bounds of the suppurating cavity being broken down and to the general peritoneal cavity being implicated. Dr. Broadbent said that he was entirely satisfied with the procedure, also that his opinion had been that pus was lurking in the neighborhood of the appendix, and that unless an outlet were surgically provided for it through the thickened tissues, there was a great risk of its promptly finding an escape into the peritoneal cavity. It is satisfactory to state that, as the result of the operation, the patient's temperature has fallen more than two degrees, and that he has greatly improved in every respect.—*Med. Press*.

THE SURGICAL TREATMENT OF UTERINE CANCER.

The impunity with which large operations can now be done by careful surgeons is, doubtless, the cause of the tendency complained of that they, or some of them, too readily have recourse to extensive mutilations when the relief of the patient might be obtained by less drastic and less dangerous measures. This is especially the case in respect of the surgery of the uterus, and at the last meeting of the Royal Medical & Chirurgical Society, a protest was entered against the wholesale recourse to hysterectomy, for which certain Continental, more particularly German, surgeons have become notorious. Cancer of the uterus may be roughly divided into two classes, according as the disease attacks the body or the cervix. Not even the most conservative surgeon would be disposed to question the propriety of total extirpation in the former, and the battle is being waged over the course to advise in the treatment of cases in which the disease appears to be limited to the cervix. For purposes of discussion a further division is necessary, because the disease may start either in the vaginal portion of the cervix or from the cervical canal, attacking the tissue of the cervix proper. The distinction is important, because, while in cancer of the vaginal portion of the cervix the diagnosis is easy, and can be made early in the case, owing to the part being within easy reach and readily accessible to inspection and operation, the diagnosis in the latter must remain for some time a matter of inference. Hence, by the time the symptoms justify recourse to operative procedures, the malady has had time to infiltrate the neighboring tissues. It may be remarked that the tendency of cancer in this situation is to spread laterally, and when it is found to have reached the level of the internal os, or the body of the uterus, there is reason to suspect that the disease lower down has advanced beyond the reach of treatment. In this class of cases, therefore, nothing short of total extirpation would seem to hold out hope

of freedom from recurrence. There remains the question of the best treatment for cases in which the disease is limited to the cervix, and has been diagnosed before the neighboring tissues have become too extensively infected. Many surgeons, anxious to guarantee as far as possible against recurrence, make a practice of performing total hysterectomy in every case of cancer of the uterus; but in this country the operation known as supra-vaginal amputation of the cervix is more frequently practised, and with results that seem to justify the claims advanced in its favor. This operation gives a mortality of not more than four per cent., and appears to give very fair protection against recurrence. In the hands of Dr. Lewers and Dr. Jessett, indeed, the results may be described as brilliant, the more so, seeing that, so far, Dr. Lewers has not had a single fatality in nineteen cases. At first sight, a comparison in the mortality following the two operations would seem to settle the question as to which is to be preferred, but there is the difficulty that the figures do not apply to strictly comparable classes of cases. Abroad, hysterectomy is performed for cancer of the uterus in every degree, and even for displacements and other non-malignant diseases of that organ. It is obvious that for purposes of comparison such figures are useless, though as far as they go they emphasize the preference to be given to the milder operation. Hysterectomy done for cancer is a very different operation to hysterectomy done for non-malignant disease, and the less advanced the disease the greater are the patient's chances of recovery. It must, therefore, be clearly understood that for purposes of comparison, statistics bearing on hysterectomy for cancer, and for cancer only, are admissible. Even with all these favorable circumstances the mortality of total extirpation as practised abroad averages from fourteen to sixteen per cent. and upwards, a proportion of deaths which would only be justifiable assuming that the operation was in every instance undertaken for extensive disease, which, as we have shown, is not the case. —*Med. Press and Cir.*

CHRONIC PROGRESSIVE HEREDITARY CHOREA.

In the *Deut. Med. Woch.*, June 23rd, 1892, Schmidt observes that the chief distinctions from ordinary chorea are that the progressive disease occurs later in life (from 30 to 40), that it is progressive in character and accompanied by mental change, and that it is the result of direct inheritance and is incurable. The two cases recorded here by the author occurred in sisters, and differed from the usual cases in (1)

the age of the patients and (2) the absence of any question of direct inheritance, although there was a neuropathic family history. It has been said that if a generation be skipped the disease does not appear in later generations. If, however, epilepsy and simple psychoses be regarded as equivalent types of disease, then heredity must hardly be looked upon in this narrower sense. The elder, aged 16, first had movements affecting the head, mouth and tongue, when she was 7 years old. She was able to remain at school until she was 14. Then the disease steadily increased. When seen, the patient's intelligence was somewhat deficient, the speech difficult, and the gait stumbling. The movements were choreiform in type and sometimes extended to the hands. They became rather less marked on voluntary exertion, and ceased during sleep. Fatigue and mental excitement aggravated them. There was no local paralysis and no impairment of sensation. The knee-jerks were present. There was slight nystagmus. The younger sister, aged 14, was also well up to the age of 7 years. The movements affected the head and face, but they were less marked than in the sister. There was also some mental weakness. Whether this progressive disease is to be sharply separated from ordinary chorea can hardly be stated at present considering the obscurity of the pathological anatomy in both affections. Voluntary movement lessens the spasm in the hereditary disease, but not so in ordinary chorea. Sleep does not always entirely stop the movements in the former disease. —*Brit. Med. Journ.*

ANTINERVIN.

This product is now reported to have a much wider field of usefulness than a year ago. Observers give good reports from England, Germany and Italy. In Glasgow, Scotland, it attracted much attention in the recent epidemic of influenza. It nearly always relieved the pains in the back and head, and rapidly reduced the fever. It produced copious perspiration and no unfavorable effects.

Dr. G. Laurenti, of Italy, now summarizes his own personal experience: (1) It can be used with advantage in all forms of abnormal excitement of the nervous system, whether to subdue neuralgia or as a general nerve sedative; (2) in rheumatism it may be used, and seems undoubtedly indicated as a drug comprising in itself antirheumatic, antipyretic and analgesic properties; (3) its low price and feeble toxicity, together with the evidence already given, render it a useful addition to our list of remedies.

Practically nothing has been written upon it in this country during the past year, and it may be

hoped that a good reason may be furnished to account for this inattention in that we obtain fully as satisfactory results by administering the ingredients in proper proportions made up into an extemporaneous prescription, or otherwise dispensed separately.—Squibb's *Ephemeris*, February, 1893.

TREATMENT OF HEADACHES.

Collins (*Med. Record*, April 2nd, 1892) leaving out of consideration migraine and neuralgia, adopts Dana's classification, with a few modifications, based on the etiology of headache, namely, 1. hæmic: (a) anæmia (b) hyperæmia, (c) diathetic states (gout, rheumatism, lithæmic and auto-toxæmic conditions); (d) infections; (e) uræmia, diabetes. 2. Toxic: lead, alcohol, tobacco, drugs. 3. Neuropathic states: epilepsy, neurasthenia, chorea, hysteria, etc. 4. Reflex: ocular, dental, naso-pharyngeal, auditory, dyspeptic, sexual, uterine, etc. He considers that the salicylates and chloride of ammonium rank first among medicinal agents. Salol or salicylic acid is the best form in which to give this remedy, and it is of most importance in diathetic, toxic, and auto-toxæmic states. It is of advantage to combine this drug with a mineral acid in these conditions, as the latter prevents the formation of uric acid compounds. Chloride of ammonium is particularly useful when headache is associated with loss of appetite, sickness, bad taste in the mouth, flatulence, stuffiness of the bronchial tubes, etc., and should be given in the form of wafers containing 3ss to 3j every two to four hours for three doses. Headaches dependent on diminished blood pressure are frequently relieved by sipping, for example, taking a glass of cold water by mouthfuls. Mastication, sniffing irritant substances, exposure to cold, and excitement serve the same purpose. The action of cardiac neurotics is evanescent, particularly the diffusible stimulants, which have the additional disadvantage of often leading to the formation of a habit. Where congestion is the cause ergot should be given internally, and derivatives applied to the extremities, or the external application of cold, frequently assisted by a dose of bromide, is of service. Galvanism to the cervical sympathetic also frequently gives relief. When it depends on stomachic hyperacidity without constipation, bicarbonate of soda gives relief; but when sluggish digestion with constipation is present, acids and simple bitters should be used. In reflex headaches the cause must of course be removed. Collins considers that the employment of the recently introduced

coal tar products such as antipyrin, etc., is to be avoided, as, while relieving transitory neuralgic headaches, they exert no influence on the cause. The treatment between attacks consists in preventing and overcoming every perverted condition on which the pain may depend, and building up the system. One measure is especially of use, namely, water, both internally and externally, but especially the latter. Those headaches which are dependent on hæmic and vascular changes are most benefited by the application of cold water in the form of shower, plunge, or needle bath, etc.; while those dependent on neuropathic conditions derive most good from the cold pack.—*Brit. Med. Jour.*

EASY LABORS IN CASES OF CONTRACTED PELVIS.

Tarnier (*Journal des Sages Femmes*, April 16, 1892) warns his pupils against the fallacy that because a woman has had three or four easy labors the next future labor will certainly be easy. The contrary is often the case. Every day we see instances of women with a conjugate of 6 centimetres ($3\frac{1}{2}$ inches) delivered spontaneously. After four or five such labors the next proves difficult. The explanation is not always easy; probably the size of the foetal head had not been estimated or measured, proving larger in the last than in earlier labors. When a student, Professor Tarnier once was summoned to a case, and found a big baby in a cradle. It was big when born the mother said. On examining the mother, who was in labor, he found that the pelvis was contracted. The previous child had been delivered spontaneously. The labor in hand proved very difficult, and could not be concluded without the use of the cephalotrite.—*Brit. Med. Jour.*

TOTAL ABSENCE OF MENSTRUATION IN A PATIENT AGED 24.

H. W. Mitchell (*N. Y. Medical Record*, March 19th, 1892) has had this case under his observation since April, 1889. The patient was born in Ireland, and emigrated to New York in March, 1888. Up to that time she had never so much as heard that such a function as menstruation existed. In New York she became a domestic servant, and her colleagues found out that she never menstruated. They told her that all sorts of evil results, ending in insanity, would follow. For the first time, she became ill and nervous. On April 7th, 1889, Dr. Mitchell examined her. The pelvic viscera appeared to be perfectly heal-

thy. He told her that her condition was compatible with perfect health, and she soon recovered her former good spirits. Iron and other tonics were given, but the menses have never appeared. In January, 1892, she was again examined. Her weight was 105 lbs., and it appeared that she weighed 25 lbs. heavier before leaving Ireland. There was, however, no sign of phthisis—indeed, all the viscera appeared healthy. In figure she was erect, plump, and symmetrical. The mammae were well developed, firm and round; the nipples small, with no areola. The vagina was short, the cervix very small, projecting but slightly into the vaginal canal. The depth of the uterus from os to fundus was $2\frac{1}{4}$ inches, or nearly normal. The mons veneris was almost destitute of hair, and the labia ill-developed. As far as could be ascertained, the sexual instinct was entirely absent. The patient's general health was excellent.—*Brit. Med. Jour.*

GAUZE COMPRESS LEFT BEHIND IN ABDOMINAL CAVITY AFTER OVARIOTOMY.

Salin, of Stockholm (*Centralbl. f. Gynak.*, No. 24, 1892), uses, instead of sponges, sterilised gauze compresses. On October 31st, 1890, he removed an ovarian tumour from a woman aged 55, who made a good recovery. At the end of the summer of 1891 she complained of swelling to the left of the hypogastrium. At the end of October, one year after the operation, an abscess formed in the lower extremity of the abdominal cicatrix. On November 7th it opened spontaneously, and a great quantity of foetid pus escaped. A swelling, not very tender, was detected on bimanual palpation, to the left of the uterus, and a sound could be passed towards it from the orifice of the fistula in the abdominal wound. This fistula was dilated with plugs of iodoform gauze, then some threads came away. On inspection they proved to be cotton, not silk, so that they did not arise from the pedicle ligatures. The fistula was enlarged with the knife, then a gauze compress was discovered and removed. On the next day much faeculent fluid, evidently the contents of the small intestine, came away through the wound. Gradually this faecal fistula began to close. It was believed that a compress had been unwarily cut in two during the operation, so that the full number was counted though one compress still remained behind.—*Brit. Med. Jour.*

OPENING OF THE MASTOID PROCESS IN MEDIAN OTITIS FOLLOWING INFLUENZA.

Politzer (*Ann. des Mal. de l'Oreille*, May, 1892) found mastoid inflammation of common occurrence during the two later epidemics of influenza. The form of mastoid process most

frequently affected was the "pneumatic," in which numerous cells communicate with each other and the antrum by very small openings. Such openings become closed by inflammatory swelling, and a pent-up collection of pus results. Politzer found such abscesses "in the middle or inferior segment of the vertical portion of the process, notably in the superficial cells situated under the cortical layer of bone." In most cases the tympanic suppuration had already ruptured the membrane, otherwise the ordinary symptoms of that condition were present. The special symptoms of mastoid implication observed were lancinating local pain radiating in various directions, tenderness on pressure or percussion on the mastoid, local and general rise of temperature. The tympanic membrane may bulge, and postero-superior wall of the meatus may be pressed downwards into the passage. The course of mastoiditis following influenza is much less likely to end in resolution than ordinary cases, it occasionally opens externally of itself, it tends to cause destruction of bone and to lead to serious sinus or brain complications. The treatment of influenzal median otitis varies with the stage of the disease. In the earliest days and before the membrana tympani has given way, paracentesis should be performed, and ice or Leiter's cold coil applied to the mastoid. If the mastoid symptoms have lasted with intensity for eight or ten days, the mastoid should be opened in addition. If perforation of the tympanic membrane has occurred in the early days, antiphlogistic means (ice or Leiter's coil, iodine, counter-irritation) should be adopted, and with them should be combined boracic irrigation of the tympanum by catheter through the Eustachian tube. Should the intensity of the symptoms not then diminish within three or four days the mastoid should be opened. When we are called to a case in which symptoms of mastoiditis have existed for two or three weeks no delay is permissible. Operation by means of a gouge is recommended. Often the abscess is found under the superficial layer of bone, not communicating with the antrum. Politzer insists that on no account should an artificial communication be made in these acute influenzal cases, unlike what holds good in ordinary chronic otitis.—*Current Med. Lit.*

RADICAL CURE OF VENTRAL HERNIA.

Pitschke (*Centralbl. f. Chir.*, No. 24, 1892) reports a case in which he performed, with good prospects of ultimate success, an operation for the radical cure of a large ventral hernia.

The patient, a female aged 61, presented a swelling which reached from the lower third of the abdomen on the right side almost to the

knees. This was a hernial protrusion, containing readily reducible intestine and omentum. The mouth of the sac, measuring about 6 inches in diameter, was situated a little below the level of the antero-superior spines of the ilium. The coverings of the hernia consisted of attenuated skin and muscle, which, after reduction of the contents of the sac, formed large dependent folds. There were also two inguinal herniæ—a large one on the left side, which necessitated the wearing of a truss, and a smaller one in the right groin, which came down only after reduction of the ventral hernia. The large central swelling had existed for about three years. It had first increased in size slowly; but after a time, in consequence of violent muscular exertion, suddenly enlarged, and subsequently continued to descend with greater rapidity. The patient could not tolerate the pressure of a truss on this hernia, which, as it increased in size, became more and more irksome. The frequently-renewed contact of urine and fecal matter caused a painful and obstinate excoriation of the skin on the lateral and posterior surfaces of the swelling, which, together with the weight of the hernia and its protrusion between the thighs, led the patient to seek urgently for surgical relief. After reduction of the contents of the hernia, a long incision, which exposed the interior of the sac, was carried through the abdominal wall from above, downwards, and inwards as far as the greater labium on the right side. The thick and strong peritoneal wall of the sac was then dissected away from the superjacent soft parts, during which stage of the operation the intestines were retained within the abdomen, and guarded by a large pad of antiseptic gauze. The dissection was carried as far as the mouth of the sac, and the portion of peritonæum forming the neck then constricted by silver wire. After this the body of the sac was excised, and the free margins of the stump were brought together by catgut sutures. It was found impossible to bring together the thin fibrous and muscular margins of the opening in the abdominal wall. The surrounding structures, however, and the edges of the wound on the skin, were closely applied by numerous sutures. During the first three days after the operation the patient suffered much from frequent vomiting, with obstinate constipation, which excited a suspicion of intestinal obstruction. Those disquieting symptoms ceased after the administration of a copious enema, and the patient subsequently made a good and uninterrupted recovery. The wound healed by primary intention, and when the woman was last seen by the author, twelve months later, there was complete freedom from ventral hernia, and an absence of any protrusion, even on coughing, at the seat of the operation.—*Current Med. Lit.*

A SUBSTITUTE FOR DECALCIFIED BONE IN SENN'S DISCS.

Baracz (*Centralbl. fur Chir.*, No. 23, 1892) states that in experimenting with Senn's discs, the idea struck him that decalcified bone might be replaced by some other and more readily available material, which could be used by the practical surgeon without much preparation, and, consequently, with less trouble. After trials of numerous edible vegetables, such as potatoes, turnips, and carrots, from which sections of firm, flexible and moist discs can be obtained, the author found that the most suitable substance for his purpose was afforded by the Swedish turnip. Sections of this vegetable, it is stated, form a reliable material for use in gastro-enterostomy, and in establishing intestinal anastomosis, and one which can be more readily obtained and prepared than decalcified bone. That sections of fresh turnip present a trustworthy substitute for decalcified bone is shown by the results of the author's experiments on animals, and also by the success of an operation for gastro-enterostomy which he performed on the human subject early in May. The results of this operation, which was performed for the relief of carcinoma of the pylorus, had, up to the date of the publication of this paper, been very favorable.—*Current Med. Lit.*

IS THERE ANYTHING NEW UNDER THE SUN?

Was Cyrus acquainted with bacteriology? If not, how did he learn to boil his water? Herodotus, in his First Book, chapter 188, tells us that "Cyrus went up to battle, richly provided with goods and cattle from his own land, and he also took with him the water of Choaspus which flows by Susa. And the King had this water served at table, and no other, which was *boiled*; it was transported in silver vessels, borne on a four-wheeled carriage and drawn by mules." On his march Cyrus must have passed through many districts where little or no water could be obtained on his way to Capdus, and this would of course necessitate his carrying supplies on long marches. From the context we are informed that it was the custom to boil the river waters in Babylon before using them. Did instinct, experience or scientific knowledge prompt the Babylonians to sterilize drinking water 550 years before the birth of Christ? It is a pity the classics are now falling into such disfavor as a part of the medical student's training or some further light might be shed over the enzyme theory by the mature experience of our forefathers, though viewed by man as a *parma non bene selecta*.—*Medical Press.*

THE CARBOLIC SMOKE BALL.

The fashionable world are familiar with advertisements in the "Society" papers of a beautiful young woman holding to her nose what looks like an ignited bomb-shell, and if they have read the printed context (which few do) they must have learned that this bomb-shell is a sovereign cure for all sorts of laryngo-tracheo-naso-bronchial ailments, and that if they smell the bomb-shell without immediately getting well they can claim £100 from the proprietors of the article. Promises of this sort have been made millions of times by thousands of traders, and have been read by tens of millions of persons, but no one ever took them *au sérieux* until a few months ago, when a feminine purchaser invested in a bomb-shell and smelled it for three whole months with abiding faith, but so far from being cured of her cold, she acquired active influenza. She accordingly sued to recover the £100, and the Company resisted on the ground that there was no contract to pay, there being no formal acceptance of the bargain by the plaintiff, and also on the plea that the plaintiff should have attended thrice daily at the Company's offices to smell the bomb-shell in the presence of the Secretary. These pleas did not avail, and the Company was decreed to pay, and having taken the case to an appeal, was again defeated. The case is in a nutshell. The Company resorted to a very old dodge to draw customers, never supposing that anyone would take them at their word, and it must pay for its mistake. On the other hand, the plaintiff cannot claim sympathy, because it is scarcely possible to believe that she was misled by a promise of compensation if the bomb-shell failed to fulfill its promises, and, therefore, she lost nothing by the transaction.

—*Med. Press.*

PLUGGING THE NOSTRILS.

The operation of plugging the nostrils for uncontrollable epistaxis is doubtless a very effective method of meeting a difficulty, at the same time, however, it is always a very disagreeable one to the patient. Even the preliminary procedure of passing Bellocq's sound, or failing this, an elastic catheter, is not to be commended as affording particularly pleasant sensations, but the *crescendo* nature, so far as discomfort is concerned, of the whole proceeding is fully illustrated when the plugs, especially the posterior ones, come to be placed in position. Naturally, with a view to obviate such a disagreeable performance, many suggestions have from time to time been made by surgeons, and certain appliances have been vaunted as applicable in cases where otherwise "plugging" is imperatively called for. Unfortunately, however, for suffering humanity whose noses will bleed without stop-

ping, nothing has been discovered which so effectually arrests epistaxis as "plugging," and then, when everything else has been tried to stay the bleeding, and failed, "plugging" is the only thing left to be done. However, it is not without interest to peruse what may be said on this subject by those who are bold enough to propose certain modifications in the details of the operation. The latest to bring under professional notice a new proposal in this regard is M. Philip, of Brussels, who describes his method as both simple and efficacious for arresting hæmorrhage from the nostrils. He takes a small piece of silk, and placing it round a probe, penholder or sound, thrusts it along the inferior meatus until the posterior nares is reached. The probe is then withdrawn, leaving a sac of silk, into which can be plugged pledgets of cotton-wool until the necessary amount of pressure has been obtained. After the plugging has been completed the ends of the silk which project beyond the nostril are gathered up and tightly tied with a piece of thread. The silk sac may be kept in position as long as may seem necessary. In order to remove it, the pledgets of cotton are taken away piece by piece with forceps. If, however, the hæmorrhage still persists, the sac may be injected with some antiseptic solution, and the plugs replaced. If the bleeding has stopped, the silk may be gently extracted, warm water having previously been injected into the nostril in order to detach the sac from the mucous membrane. In the opinion of the author this plan has several advantages. In the first, place he claims that its application is easy and rapid, and very efficacious, the materials being generally at hand with which it can be carried out. A pocket-handkerchief, for example, will suffice in all cases,—a part of the handkerchief being used to form the sac, while the other part could be made up into plugs. Again, by this method it is impossible to injure either the nasal cavities or the soft palate, and it neither causes coughing nor reflex vomiting. The plug, moreover, remains in position during the whole period of its fixation; and, lastly, no injury is done to the parts when it comes to be removed. With some of these propositions we can agree: it is certainly handy, and easy of application with a handkerchief and a perholder at hand; but whether it would not be highly disagreeable to the patient, more so than the ordinary plan, is a matter which personal experience alone could determine. In one respect, at least, it is superior to the older method, and that is, in securing the safe and complete removal of the blood clots, and in the facility which it affords of washing out the nares with antiseptics and of replugging the sac, should the hæmorrhage not have ceased; at all events, the suggestion is worth noting, and perhaps worthy of a trial.

—*Med. Press.*

VOMITING IN CHLOROFORM ANÆSTHESIA.

Passet (*Munch. med. Woch.*, June 7th, 1892) says that the chloroform vapor acting on the mucous membrane of the mouth produces a flow of saliva. This saliva is swallowed, and a certain part of the chloroform is thus conveyed into the stomach. The gastric mucous membrane is in this way irritated, and vomiting is set up. This increased flow of saliva at the beginning of the administration may be seen in animals, especially in cats, as well as in the human subject. For some time after the anæsthesia chloroform is exhaled with the breath, and even this may irritate the mucous membrane of the mouth in the same way, and with the same result. The action of chloroform upon the stomach varies in different individuals. The author adds that the only rational way of preventing the vomiting is to avoid the swallowing of chloroform, and that this may be done more easily than might appear by directing the patient to spit out the abundantly secreted saliva.—*Current Medical Literature.*

ACUTE MERCURIAL POISONING.

In the *Berl. klin. Woch.*, June 20th, 1892, Sackur relates the following case: A girl, aged 20, sprained her wrist. A few days later lymphangitis apparently supervened, for which mercurial ointment was applied and rubbed into some cracks on the hand. An hour after the inunction the patient felt ill, fainted and vomited. On admission the same evening, there was much swelling of the hand and of the arm on its dorsal aspect. An incision was at once made into the brawny and grey colored tissues. The next day, January 16th, there was vomiting with tenesmus and slight albuminuria. Cultivation experiments were negative. On January 17th the vomiting was less frequent, but there was anuria. The stools were blood-stained, and the condition very like that of dysentery. There was no fever. On January 18th, severe hæmatemesis occurred. Diarrhœa with stools of almost pure blood and anuria continued. On January 19th, there was gangrenous gingivitis and glossitis, with moderate salivation. The prostration was great but the mind remained clear. The following day there was a feeling of weight, and then paralysis in the extremities, and the patient died. There were small hæmorrhages and superficial sloughs in the mucous membrane of the lower part of the small intestine and the characteristic appearance of severe dysentery in the large. In the kidneys there were well marked necrotic changes in the epithelium, especially of the convoluted tubes. In the absence of a clear history, the diagnosis from sepsis was at first difficult, but there was no pyrexia or splenic enlargement, and the results of cultivation were negative. The amount of

ointment used was small, but, as has often been pointed out, the broken skin must be taken into account. The author then refers to three recorded cases of fatal mercurial poisoning, in two of which the mercurial application was made for pediculi capitis, and in the third inunction for syphilis. A certain idiosyncrasy must be present. Kaufmann says that nephritis, septicæmia and anæmia are contra-indications to the use of mercury. Marked anæmia and commencing septic processes were present in the case recorded here, and the author would attribute the rapidly fatal issue of the poisoning in this instance to these two conditions, and more especially to the former.—*Current Medical Literature.*

VAGINAL INCISION FOR PELVIC SUPPURATION.

Routier (*Rev. de Chir.*, May, 1892) read a paper at the recent meeting of the Congrès Français de Chirurgie, in which he condemned the too free removal of the uterine appendages so much in vogue in cases of pelvic suppuration. Still more did he object to vaginal hysterectomy for the same affection. This operation, done by *morcellement*, maimed the patient at once, and left her life for hours at the mercy of pressure forceps. Routier has long been accustomed to open Douglas's pouch and to drain through the vagina in cases of collections of pus or blood in the pouch. He finds that the appendages can readily be explored through the incision made in the posterior vaginal fornix. He has often practised this method of exploration, and found that in many cases the simple incision suffices; sometimes abdominal section is needed after all; and lastly, vaginal hysterectomy may prove the more advisable operation. In that case, Routier does not perform *morcellement*, but bisects the uterus by a median antero-posterior incision, removing each half separately. By this method there is little danger of serious hæmorrhage. Each half of the uterus is easily depressed, and with it the corresponding appendages are drawn out without difficulty and safely removed. Routier has succeeded in all the sixteen cases where he has operated in this manner. In three there were multiple fistulæ, and other old intractable lesions.—*Current Medical Literature.*

AN EPIGRAM CONFIRMED.

Dr. W. E. Anthony, of Providence, R. I. writes as follows:

"When I was a medical student, in 1865, I remember hearing Dr. Oliver Wendell Holmes, then professor of Anatomy at Harvard College, say to his class: 'When you begin practice, you will have twenty remedies for one disease, but after twenty years you will have twenty diseases for one remedy.' That prediction seems to be fulfilled in the use of antikamnia, which seems to meet so many indications."

MIDDLESEX HOSPITAL.

EXCISION OF THE COCCYX FOR COCCYODYNIA.

Under the care of Mr. BLAND SUTTON.

[From notes by Mr. SYDNEY LEE, House Surgeon.

In August, 1892, Mrs. C., æt. 38, was admitted into the hospital suffering from coccydynia. The patient was confined of her first child in the preceding April. The labor was long, difficult, and necessitated the use of forceps. Since the confinement she had been troubled with a great deal of pain at the lower part of the back, this pain being intensified during defæcation, and especially when rising from the sitting position, being increased too by walking, but not to the same extent as by the movements previously mentioned.

On examining the patient, the tip of the coccyx could be felt projecting forwards towards the rectum; by means of a finger in the bowel the coccyx could be moved backwards and forwards as upon a hinge. These movements provoked great pain.

On August 6th patient was anæsthetized, and an incision two inches long was made vertically over the situation of the coccyx in the mid-dorsal line. The coccyx was freed from its muscular attachments and from the rectum, care being taken not to wound the bowel. When the parts were fully exposed, a fracture was detected between the first and second coccygeal segments; a false joint had formed in such a way that the terminal portion of the coccyx formed a right angle with the sacrum, the tip of the coccyx projecting on to the posterior wall of the rectum. The loose piece was detached by cutting through its fibrous connections, a few vessels were pinched with forceps, the wound closed with thin sutures of waxed silk, simply dressed with lint and cotton wool, and a bandage applied.

13th.—Wound completely healed, suture removed.

14th.—Patient was able to get up, and was free from pain.

26th.—Patient left the hospital convalescent.

Remarks by Mr. BLAND SUTTON.—This is the fifth case in which I have removed the coccyx from women in whom it had been fractured in consequence of prolonged and difficult labor. In each instance the symptoms were almost identical, viz., great pain on defæcation, on rising from the sitting position, and on walking. The pain in these cases is caused by the muscles attached to the coccyx dragging upon it; during defæcation the pull of the sphincter and provoked great pain, and the gluteus maximus on each side drags upon the coccyx when the pa-

tients arise from or assume the sitting posture. The treatment is very simple, so long as the surgeon is content to remove the coccyx at the seat of fracture; in my first two cases I removed the bone beyond with cutting forceps, and the wounds were three weeks in closing. In the three last cases I merely detached the coccyx at the seat of fracture, and in each instance there was primary union. The relief this simple operation affords is remarkable and permanent.
—*Med. Press.*

THE BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 24TH.

Dr. W. A. DINGLE, Vice-President, in the Chair

Mr. H. REEVES showed a specimen of
SARCOMA OF THE UTERUS.

The patient was a single woman, æt. 52, and complained of a sanious discharge from the vagina, but had no pain. The tumor was pedunculated, attached to the cervix, protruded from the vulva, and also involved the body of the uterus. The microscope revealed it to be a spindle-celled sarcoma.

Remarks were made by Drs. Heywood Smith, C. H. F. Routh, and Bowreman Jessett.

Dr. INGLIS PARSONS read notes of a case of
LARGE FIBRO-MYOMA OF THE UTERUS ABSORBED
BY APOSTOLI'S TREATMENT.

The tumor was diagnosed by Dr. Robert Barnes, who sent to him for treatment, and Dr. Barnes corroborated the disappearance of the tumor. The patient was married, æt. 35, had two stillborn children, menstruation regular but scanty. Dysmenorrhœa for the last two years. She complains of pain in the abdomen and a large swelling. Examination.—The uterus is found to extend to the umbilicus, on the left side is hard and nodular. The sound passes 3½ in. Eight applications of the constant current were made between 8th April and 13th May, 1892, five with the positive pole and three with the negative pole within the uterus, from 50 to 70 milliampères. On June 20th the tumor was very much smaller, and on July 21st it had entirely disappeared. This patient, in the full tide of sexual vigor, remains a complete woman, instead of being reduced to impotence by removal of the appendages, and she loses the tumor without running the risk of the tremendous mutilation involved by hysterectomy.

CORRECTION.

We regret very much that owing to a typographical error in our April number the excellent valedictory address delivered by Dr. Wilson was credited to Dr. Armstrong.

THE CANADA MEDICAL RECORD.

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EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.
London.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, MAY, 1893.

A HINT FOR THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This large and influential society, perhaps the strongest of any in Canada, is obliged to vacate the premises which it has occupied for the last ten years, owing to the demolition of the building. After carefully considering the matter, it has decided to move into much more expensive but also more commodious premises which are being prepared for it, over the office of Dr. Buller. As increased revenue will probably be required to meet expenses, we respectfully suggest a method of raising funds adopted by the College of Physicians of Philadelphia, which includes most of the principal members of the profession, with Dr. Weir Mitchell as president, by which that body received no less than twenty-seven hundred dollars last year, as appears by its published report just received. We take the following words from Dr. Weir Mitchell's annual address:—"When a few years ago the generosity and foresight of a woman induced the Fellows doubtfully to consent to the Nurse Directory, it could hardly have been suspected that not only was this bureau to

be of immense value to the community but that the very existence—the active existence—of this library would depend upon the increasing aid given by the directory in its annual contributions, which, in 1892, reached the sum of \$2,700.00." Further on he says:—"An effort should be made to obtain an endowment, by appealing to the laity." Endorsed as these suggestions are by such a man as Weir Mitchell, we think they might one or both be worthy of the consideration of the Montreal Society, which has done, and is doing, such good work in the cause of humanity.

THE PAN AMERICAN MEDICAL CONGRESS.

On the 5th, 6th, 7th and 8th of September there will assemble at Washington one of the most remarkable gatherings of medical men that this continent has ever seen. Dr. William Pepper, of Philadelphia, is the president, and Dr. Charles A. L. Ree1, of Cincinnati, is the secretary general. There will be representatives there, not only from every State in the United States and from every province of Canada, but delegates have been appointed to attend from all the countries of South America. An immense amount of labor has been expended upon its organization, especially by Dr. Reed, with the result that every department of medicine will be fully represented by its own section with its own president and secretary. Already a very large number of papers have been promised, and there is every prospect that the time allotted will be all taken up. Owing to the diverse nationalities of the different delegates, it has been decided to have three official languages, namely, English, French and Spanish, and all papers intended to be read must be sent to the Secretary two months previous to the meeting, in order that an abstract in these three languages may be printed in the official programme. Physicians from any part of the American continent are invited to register their names, but only those residing in the United States will be allowed to pay, the medical profession and the Government of the United States having generously offered to furnish the necessary funds. We shall have occasion to

refer in our next number to the progress which the organizers of this colossal undertaking are making, but in the meantime we trust that a large number of Canadian practitioners will make arrangements to be present.

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

CORRESPONDENCE.

NANTICOKE, 8th May, 1893.

OPERATORS.

While in Chicago I was fortunate enough to see Dr. Etheridge operate. He undoubtedly is a clever man and a successful and dexterous operator, yet the onlooker cannot help but realize the effort that he puts forth. I saw him perform an abdominal hysterectomy: prognosis good and the result recovery.

Dr. Senn is also a clever operator, but not any better than Roddick, or Bell, and not as nice or as graceful as Dr. Hingston.

Dr. Shepherd is well known in this part of the country by reputation.

In New York I saw Drs. Wyeth and Munde operate at the Mt. Sinai Hospital.

Dr. Wyeth is a very neat operator, extremely cool and collected, operates without any exertion or fussiness, and works very fast—a fact which suddenly dawns upon the observer. He showed me a mass of worms, weighing about 4 oz., which he removed from the small intestine of a man about 25 years of age. The patient was suffering from obstruction. Laparotomy was resorted to, and the above condition found and remedied. I saw the patient convalescent. Dr. Wyeth is himself going to report the case, so I cannot give any details.

Dr. Munde is a very nice operator, thoughtful and cool. I saw a specimen which he exhibited to several bystanders of a uterus weighing perhaps 12 or 15 oz., with a fungus-looking mass projecting from the endometrium. It had been removed per vaginum, the perineum having to be slit to the coccyx in order to allow the mass to pass. The patient left his private hospital in three weeks cured.

The pathologists pronounced the mass in the interior of the uterus the most malignant form of cancer.

BELLEVUE.

Bellevue Hospital interested me very much. The place itself is rather a rickety structure and, I should judge, a very unsanitary place, but they do great work there, and do it well. Their internes serve two years, and it is only in the last six months of their *servitude* that they attain the distinction of *House Surgeon*; he is

then master of the situation in the absence of the visiting surgeon.

I might say that I saw a man there with his *face broken*. His face had been kicked in by a stallion. He received a compound fracture of the inferior maxilla, a fracture of the superior maxilla and the nasal bones. Although somewhat disfigured he is still in the ring. He is a prize fighter.

COLUMBIA SCHOOL.

I was much impressed with the appurtenances of the Columbia School of Medicine—College of Physicians and Surgeons. It is a grand institution, and gives a fine education. Her men as a teaching body are second to none, and the accommodation for the students is superb. The Medical School of Pennsylvania University is excellent, ahead of even Columbia in point of curriculum, but Columbia will outstrip her just as soon as she adopts the four years course.

Jefferson is not what it used to be; though having an excellent teaching staff, and giving a good education, she sorely realizes the loss of the Grosses and Pancoasts, of Barthallow and DaCosta.

I went up before Jefferson to have my certificate endorsed. I was examined in Therapeutics which included Toxicology and Materia Medica, also in Practice of Surgery, Obstetrics and Gynaecology. It was too bad that I did not read Parvin on Obstetrics, as I could then probably have given him the pet theories he desired so much. Prof. Wilson said that Dean Campbell deserves credit for having given me such a good training in practice. He pulled me over every system in the body without any exception. It was my pleasure to call on the professors to be examined, and sometimes had to call 3 or 4 times before I found them home.

Jefferson Medical College is a Stock Company, and no man can obtain a professorship unless he holds stock in the institution.

The professors reap a fat harvest, in my opinion. I was unfortunate in not having had the time to see any men operate in Philadelphia, but the opinion is wide that Prof. Keene is the crack surgeon of the State, that Price is the leading gynaecologist, and that *Pepper was jealous of Osler*.

I have located in Nanticoke, which lies about seven miles south of Wilkesbarre. It is perhaps the busiest part of the coal regions. (Nothing else but coal.) Accidents are of daily occurrence, and a man's surgical capacity is at times severely tested.

I find a Dr. Evans here of about 20 or 25 years' experience, a first-rate fellow. He does me the honor of calling me into consultation in any of the severe or not severe smash-ups, and throws a dollar in my way when it is possible. For the other physicians here, I cannot say much, but that they are not pleased to see me is manifest. I don't mind them, however.

I shall in this letter merely report the emergency cases to which I have been called in company with Dr. Evans.

Monday Morning, May 8th.—Dr. Evans hurriedly summoned to a boy who had been kicked in the face by a mule. My assistance was desired, and I therefore had the satisfaction of seeing a most interesting case.

Boy about 17, a mule driver in the mines. He had been carried out of the mine and driven home on a wagon, which must have shaken him up severely. When seen, he was in bed in a deep sleep; some very dirty cloths were about his head which were saturated with blood and *coal dust*. Some little difficulty was experienced in rousing him, but after a shake or two he informed us he was in great pain. Cloths removed, and two large scalp wounds exposed, one cut extending to the bone and ranging from the outer angle of the right orbit in a direction upward, inward and backward, and about three inches in length. The edges of the cut were somewhat ragged, and the surrounding tissues much contused. The bone just internal to the external angular process was bare of periosteum, a vertical linear depression was manifest, and a small spicula of bone could be felt. A slight cut was also present on the right upper eyelid. The eyelid was somewhat puffed, but not more than should be expected; it was moved freely and without any apparent pain. The eye was moved freely without pain, no ecchymosis, and the pupil reacted to light. Some cloth removed from right ear. Drum intact; and no fissure. Considerable coal dust in this wound. Another deep cut was apparent just near and above the right ear, almost horizontal, and exposing most beautifully the temporal muscle. The scalp was almost free between the two wounds, and the whole side of the head was puffy and swollen.

TREATMENT.

Hair was cut away, part washed as thoroughly as possible (some coal dust will always remain), and the cut exposing the temporal brought together by one suture (no drainage). The larger wound over the ext. angular process was brought together by four sutures and iodoform gauze drain inserted. The application of ice was rejected.

Tuesday morning.—Case doing nicely. Temp. 100, pulse 84. Bowels have been thoroughly evacuated, drain removed, healthy looking, but another inserted. Temporal wound united, but looks puffy. Dr. E. separates the margins in case of accident.

Wednesday.—Case reported doing well.

Thursday.—Patient walking about. Slight suppuration about the temporal wound, iodoform gauze drainage inserted. Swelling much reduced, and recovery almost certain. There must be some antiseptic property in coal dust, as wounds here are seldom free from it, yet, if seen early enough, before some old woman begins tinkering,

suppuration is rare. It is a common thing, they tell me, to see a crushed arm or leg just packed with dust, the required flap being literally covered with it, and yet union readily takes place. It is absolutely impossible to wash and scrub it all away.

Friday.—Patient came to drug store to be dressed, looking well.

Dr. Evans asked me to see case.

Miner about 35, married, struck by the products of premature blast. He was running away from it when a large piece of coal struck him from behind in the left popliteal space. He fell forward on his left knee with considerable force, at the same time being struck by coal all over the body with more or less force, a large piece striking him in the left buttock and causing him to stand almost on his head (as per eye witness).

When seen, he was suffering great pain in the knee, but more so in the hip and left buttock which was found contused and swollen. Pelvis and hip joint intact. Some flesh wounds all over the back, arms and legs; none severe enough for treatment. The knee was found without swelling and to crepitate on movement, the proceeding causing great pain; partial flexion with considerable pain, complete flexion impossible. No effusion. Transverse fracture of patella excluded. On taking hold of patella on each side and moving it, a vertical fracture was diagnosed, a slight linear depression being manifest in the vertical axis.

Back splint. Ice. Case doing well.

Wednesday evening.—Case doing nicely, no effusion.

Thursday evening.—Case doing nicely, no effusion.

Monday evening.—Case doing nicely, no effusion. Ice removed.

M. GOLTMAN, M.D.,
Nanticoke, Pa.

BOOK NOTICES.

PICTURES FOR PHYSICIANS' OFFICES AND LIBRARIES.

Edward Jenner, the First Inoculation of Vaccine, May 14, 1796.

Andrew Vesalius, the Anatomist.

Spoonful Every Hour.

The Sick Wife.

Ambrose Paré Demonstrating the Use of Ligatures.

The Young Mother.

The Village Doctor.

Prof. Charcot's Clinic at the "Salpêtrière" Hospital, Before the Operation.

The Rebellious Patient.

Study in Anatomy.

William Harvey Demonstrating the Circulation of the Blood.

The Anatomical Lecture.

The Accident.

Size of each, 19x24 inches. Price each, \$1.00.

Catalogues of these pictures will be sent upon application to Messrs. William Wood & Company, 43, 45 and 47 East Tenth Street, New York.

We have seen some of these pictures, and can assure our readers that nothing more appropriate can be found to adorn the walls of a surgeon's office. The price is extremely moderate considering their high quality as works of art.

INTERNATIONAL CLINICS. A quarterly of clinical lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-urinary Surgery, Gynaecology, Ophthalmology, Laryngology, Otology and Dermatology, by Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M.D., LL.D., Colorado Springs, Col.; Judson Daland, M.D., Philadelphia; J. Mitchell Bruce, M.D., F.R.C.P. London, England; David W. Finlay, M.D., F.R.C.P. Aberdeen, Scotland. Volume 1, third series, 1893. Philadelphia: J. B. Lippincott Co., 1893. This number contains lectures by J. Bland Sutton, F. Greig Smith, William Pepper, Roswell Park, Arfad Geriter, William Goodell, Michel Peter, M. D. Mann, E. E. Montgomery, W. Hale White and many others of the world's most famous teachers.

LESSONS IN PHYSICAL DIAGNOSIS. By Alfred L. Loomis, M.D., LL.D., Professor of the Practice of Medicine and Pathology in the University of the City of New York. Tenth edition, revised and enlarged. Octavo. Illustrations, some in color. 240 pages, extra muslin; price, \$3.00. New York: William Wood & Company.

No better proof of the value of a work can be suggested than the fact that it has reached its tenth edition. It is so systematically arranged and so clearly written that it is no wonder that it has proved such a favorite with both professors and students. The chapters on the physiological actions of the heart and the lessons on examination of the urine have been entirely rewritten, also a new lesson on clinical microscopy. It is profusely illustrated, and some of the microscopic sections are beautifully colored, and, as usual with the Messrs. Wood's publications, the book is printed and bound in elegant style.

DISEASES OF THE RECTUM AND ANUS: THEIR PATHOLOGY, DIAGNOSIS AND TREATMENT. By Chas. B. Kelsey, A.M., M.D., New York, Professor of Diseases of the Rectum at the New York Post-Graduate Medical School and Hospital; late Professor of Diseases of the Rectum at the Uni-

versity of Vermont, etc. Fourth Edition, revised and enlarged. With two Chromo-Lithographs and one hundred and sixty-two illustrations. Octavo, 496 pages, extra muslin; price, \$4.00. New York: William Wood & Company.

The practical value of this work has been greatly increased by the author having thoroughly revised it before allowing it to come before the profession in a fourth edition. He has incorporated not only those facts which his own very large experience has taught him, but he has also introduced whatever has been discovered by others in the same field. Besides a hundred and sixty-two illustrations, there are chapters such as among others on Abscess, Fistulas, Piles, Prolapse, Non-malignant Growths of the Rectum and Anus, on-malignant Ulceration, Cancer, Artificial Anus, Spasm of the Sphincter, etc.

His points in anatomy and physiology and his general rules regarding examinations, diagnosis and operation are especially good. Dr. Kelsey's large experience as one of the leading specialists of the times lends considerable emphasis to the various recommendations he makes throughout his book.

DISEASES OF CHILDREN. A manual for students and practitioners, by C. ALEXANDER RHODES, M.D., Instructor in Diseases of Children, New York Post-Graduate Medical College. Philadelphia, Lea Brothers & Co.

This little book forms part of "The Students Quiz Series," and contains a vast amount of useful practical information relative to the diagnosis and treatment of disease in childhood. In compiling the work, the author states that many excellent writers on this subject have been consulted, their opinions compared, and of these only such as were regarded as the latest and best have been retained. The purpose of this Compend is simply to present a summary of the diseases of children, and it is trusted that the student and practitioner will fully appreciate that its use is recommended only after a careful reading of the standard books from which its subject matter has been taken.

PSYCHOPATHIA SEXUALIS, with Especial Reference to Contrary Sexual Instinct: a Medico-Legal Study. By Dr. R. VON KRAFFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised German edition. By CHARLES GILBERT CHADDOCK, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis; Fellow of the Chicago Academy of Medicine; Corresponding Member of

the Detroit Academy of Medicine; Associate Member of the American Medico-Psychological Association, etc. In one Royal Octavo volume, 436 pages. Extra Cloth, \$3.00 net; Sheep, \$4.00 net. *Sold only by Subscription.* Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

This book shows wonderful erudition on the part of its author, but its contents are too nasty for even medical men to read. There may be cases, and no doubt they are frequent in the utterly depraved capitals of Europe, in which human depravity has reached its lowest ebb, and to understand which some such work as the one before us would find its *raison d'être*. But we have never heard of such cases in this country so far, and we are happy to say that we have never had occasion to consult such a work as this during a fifteen years' practice in the metropolis of Canada.

THE STUDENTS' QUIZ SERIES. Edited by BERN B. GALLAUDET, M.D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York. Volume 8. **DISEASES OF THE SKIN**, by Charles C. Ransom, M.D., Assistant Dermatologist, Vanderbilt Clinic, New York. Pocket size, 12mo., 192 pages, 28 illustrations. Limp Cloth, \$1.00. Philadelphia, Lea Brothers & Co., 1893.

This little work, although similar to several others on the same subject, is still of a very practical character, and will doubtless prove of service to the student and also to the busy practitioner, as it contains many excellent prescriptions for treating the many and common cutaneous affections. Many illustrations are dispersed throughout the little book, and the letter press is well executed.

THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by twenty-two writers. In one 12mo. volume of 500 pages. Cloth, \$1.50. Philadelphia, Lea Brothers & Co., 1893.

This is an excellent little work, written well up to date, and is one that every practitioner should have in his library, as he can, by this means, keep himself posted on all the important subjects recently under consideration in the various medical journals. The present edition (the ninth) of this "Year-Book of Treatment" contains two new articles; one is on "Anæsthetics," which is here treated as a separate article instead of being, as hitherto, included in the "General Surgery" portion. There is also a part of the little volume devoted to a branch of medicine which is daily increasing in importance and scientific accuracy, viz., "Public Health and Hygiene." Wood cuts dis-

persed throughout the book add considerably to the value of the work.

BIBLIOTHÈQUE GÉNÉRALE DE PHYSIOLOGIE.—

L'Opium : ses abus; Mangeurs et Fumeurs d'Opium; Morphinomanes, par le Docteur Ernest Martin, ex-médecin-major de l'Ecole Polytechnique et de la Légation de France à Pékin; Lauréat de l'Académie de Médecine. Paris: Société d'Éditions Scientifiques, Place de l'Ecole de Médecine, 4, rue Antoine-Dubois; 1893.

This is a most interesting book of 175 pages, and gives a complete history of the use and abuse of this drug for the last century. It deals with its preparation and consumption in India, China and even in America as well as in Europe. The last chapters are devoted to the latest methods of treating the opium habit. Owing to the author's fluent and easy style, it makes not only profitable but very pleasant reading. We presume that it may be obtained through any of the French book stores in Montreal.

BIBLIOTHÈQUE GÉNÉRALE DE MÉDECINE, Dr. A. A. Cancalon, l'hygiène nouvelle dans la famille, préface du Dr. Dujardin-Beaumetz, membre de l'Académie de Médecine, médecin de l'hôpital Cochin. Prix: 3 francs 50 cent. Paris: Société d'Éditions Scientifiques, 4, Rue Antoine-Dubois; 1892.

Under the form of a series of letters to an elderly lady of the old school, the author gently and clearly breaks down one by one the old ideas of disease, and replaces them by the most modern ones. In the simplest language he explains the most marvellous of the discoveries of modern bacteriology, so that anyone can understand them. For the first time we have ever seen it in print outside of the editorials of this Journal, the author lays down the fermentation of the yeast plant as the type of all microbe diseases, and shows how the growth of this and similar minute vegetables exhausts certain materials from the liquid in which it grows, and throws off excreta which finally put an end to its own life. His letter on heredity is one of the most philosophical we have ever seen. But it is on the subject of the prevention of tuberculosis that the author makes his greatest point, and, no matter how the lady to whom the letters are addressed has been prejudiced by the old ideas on its transmission by heredity, she could hardly read this letter without becoming convinced that the disease is the most infectious one known, and that the only hope of stamping it out lies in the universal knowledge of its transmission by bacilli after birth only. For any of our readers who understand French, a rich scientific and literary treat is in store when they procure this little work.

The Canada Medical Record.

VOL. XXI.

MONTREAL, JUNE, 1893.

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Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, January 6th, 1893.

JAMES STEWART, M.D., PRESIDENT IN THE CHAIR.

Dr. STEWART: I would like to ask if there was any record of the length of time which lapsed after operation before these cases were reported. The majority of those cases were given as cured, but the date of the report after operation is not given. Surgeons are apt to report cases too quickly after operation; the results are called cures; but six months or three years afterwards they would not be cures.

Dr. SMITH: Twenty-three out of ninety were well twelve months afterwards; twenty-seven were well six months afterwards. The time was not given for the whole number, but one reporter states as above. Dr. Gardner's cases were reported here three years ago, and two out of the five were well one year afterwards.

I have listened with a great deal of profit and pleasure to Dr. Adami, but there are still a few things I would like to ask him. During

the discussion on Dr. Gardner's cases, the general opinion was, that the cheesy material in the tubes was the cause; they were the nidus. At the time, I thought the cheesy material was the result of the bacilli. Was I correct in supposing the cheesy deposits in the tubes the result of the destruction of tissue by bacilli?

I can appreciate the statement that irritation of the peritoneum and increased supply of blood may serve to carry off some of this inflammatory deposit; it seems both plausible and reasonable. Leucomatous deposits on the cornea are thus cured by the irritation of calomel powder. But as to washing out the abdomen accounting for the irritation in every case, in one of my cases there was no water put in, and yet the case was well one year afterwards.

Dr. Adami's statement concerning the difference in virulence of the bacilli in cattle explains very well indeed what I could not understand before—how tuberculosis of the peritoneum was so much slower in its progress than tuberculosis acquired otherwise. One more question: When one examines the miliary tubercles in the peritoneum, are the bacilli found there? or, are they destroyed by phagocytes? or, is the little tubercle composed of fibrous tissue without cells? and, in cases of cure, how does the peritoneum be after the cure? are the adhesions still devoid of a history? have the bacilli a certain life history? do they die of old age? or are they killed by phagocytes?

Dr. ADAMI pointed out the absence of any certain demonstration that the tubercle bacilli form spores. There can, however, be little or no doubt that these microbes have a resistant form very tenacious of life. Old tubercular foci may be examined with the greatest care, and no bacilli be discovered, but the same material injected into the guinea pig will cause definite and generalized tubercular lesions. As to the action of phagocytes upon tubercle bacilli, much depends upon the virulence of the latter. Often the bacilli can be seen within the giant cells, presenting changes in appearance which are only explicable on the assumption that they are being destroyed; but along with these one sees others that stain well and show no departure from the normal. These we may look upon as being alive and active—although this need not necessarily be the case, for, as Prudden has demonstrated, recently killed bacilli may take up the stain with readiness.

Stated Meeting, January 20th, 1893

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Band of Adhesion between the Cervix Uteri and the Vagina.—Dr. J. A. SPRINGLE read the report of a case.

Dr. SMITH has had many cases, in the Montreal Dispensary, of women between 40 and 60 years of age suffering from cicatricial bands between the cervix and the vagina. Such adhesions are not seen so frequently in younger women, more gentleness being now employed in obstetric practice than formerly; or, perhaps it may be that in the old days the head was left much longer pressing on the cervix and vagina, causing destruction of tissue. Pozzi in his new work on Gynecology devotes several pages to these bands. They may interfere with labor so much in some cases, that it is considered necessary to induce premature delivery.

Anomalous Cases of Diphtheria.—Dr. H. S. BIRKETT read a paper on this subject, and Dr. JOHNSTON related the results of the bacteriological examination.

DISCUSSION.

Dr. PROUDFOOT said that he has often had cases where it was difficult to decide whether or not the disease was diphtheria. He had a case in his practice very similar to Dr. Birkett's. A boy ten years of age was treated for a purulent inflammation of the ear following measles; a membrane formed in the nose and was removed, but was not followed by any other. It only occurred on one side. The child did not complain of any unusual symptoms, except the general malaise following measles, from which he was recovering very well.

Dr. MCCONNELL said that these cases form another instance illustrating the great advantage of the bacteriological methods of diagnosis. He urged the surgeons to bear in mind the utility of serum, and to save it for bacteriological investigation. In many cases we have no other means of diagnosis. In the present case he thought that if Dr. Birkett had seen them a little earlier he might have observed some slight elevation of temperature. He had seen such cases—little fever the first day, and the next day the fever is completely down. It seems rather odd to have the diphtheria bacilli growing, without at least producing some poison.

Dr. MAJOR thought that anomaly was the rule in diphtheria; at all events, you cannot lay down any hard and fast rules as to its course, local and constitutional. Secondary nasal diphtheria is one of the most fatal forms; primary nasal diphtheria, on the other hand, is not only mildly contagious, but the septic influence is almost altogether wanting. When primary it confines itself principally to the nasal passages, seldom extending into the nasopharynx, still more rarely into the larynx, and glandular enlargement is the exception. In most cases the membrane is confined to one side of the nose exclusively, reforming as fast as it could be developed after removal, the health of the parts influencing its renewal. He cited the case of a child from whom he had previously removed a tonsil, the cicatricial tissue was free from exudation, while every place around it was covered. It would seem that the degree, or an excess, of the blood supply in the part largely regulated the region where the membrane may develop, and also the development of the disease in the individual. In regard to the Klebs-Löffler bacillus, the clinicians should not throw themselves into the arms of the bacteriologists. Who is going to correct the bacteriologist, for all know how liable they are to be mistaken at times? He thought that it would be a great mistake to neglect good classical symptoms in favor of any theory that might be arrived at by a bacteriological examination.

Dr. FOLEY asked whether erythematous rashes were common in diphtheria. He had heard of such a case the other day, where a profuse desquamation of the neck followed diphtheria.

Dr. MILLS thought that the most important conclusion from Dr. Johnson's researches is to confirm the views held as to the infection of diphtheria. The poison apparently must have been formed but not absorbed. It seems that the difference in the resisting powers of certain individuals to infectious disease does not lie altogether in the serum. Pathologists will have to abandon the narrow ground of the serum alone and take in the

tissue fluids in general. The life of the cell is expressed in its fluids. That is what I think this immunity question is going to work out to, to a certainty. The question of absorption is very interesting. The scars referred to are especially interesting. I think the disease did not attack these parts, not on account of their lack of vascularity, but on account of their deficient absorptive power.

Dr. DECOW did not think minutiae in diagnosis of much importance to the general practitioner, the important thing being to adopt isolation and get at your treatment at once.

Dr. BIRKETT, in answer to Dr. Foley, said that the occurrence of rashes in diphtheria, especially in the more malignant forms, is well recognized. In both of these cases the membrane was not limited to one nostril, it invaded both nostrils. They differed in this, that in one case the membrane recurred on removal, in the other it did not. In regard to the remark of Dr. DeCow, he said that the cases were treated as diphtheria before the report of the bacteriologist had been received.

Dr. MAJOR referred to a case reported by him some four years ago. He at first regarded it as a chronic membranous nasal catarrh. The young lady suffered from complete obstruction of both sides of the nose, but rhinoscopic examination showed that it did not at all enter into the posterior nares; there was no constitutional disturbance, no enlargement of glands; she had not been exposed to contagion so far as known, no case being in the neighborhood. She was living at the time in the Young Women's Christian Association, where there were twenty or thirty other people in the house. At that time the knowledge of the condition was very vague, and the examination did not yield any result. It was treated as a membranous nasal catarrh, and after trying various measures he found that the galvanic cautery was the only means that yielded any ready result. The treatment was carried out persistently daily for probably a couple of months. The case was reported to the Society, and before the paper was read a young lady occupying the same room as this patient was ill, had been attended and prescribed for as a case of tonsillitis. In consultation he afterwards recognized it as a case of diphtheria, a bad form, with nasal and pharyngeal extension. Since then he has had no doubt in his mind that the case of chronic nasal catarrh was nothing more or less than a case of chronic diphtheria, and that the second case was contracted from it. With regard to the erythema that a gentleman spoke of a moment ago, cases of that kind are sometimes apt to be confounded with scarlatina. He had had a case some time ago which he pronounced diphtheria after an in-

spection of the throat. A few days afterwards a scarlet rash developed, but two weeks later general paralysis setting in, confirmed the diagnosis.

Report on Three Prostatic Tumors—Dr. ARMSTRONG exhibited three specimens of hypertrophied prostate which he had removed last summer, and read Dr. Adami's report on the microscopical examination.

Dr. Armstrong continuing said that clinically these cases are very interesting. They occur as a group of cases for which at present the relief is not very satisfactory. From an operative point of view they are bad patients. They often come to us in such a condition of toxæmia, with advanced kidney disease and dilated genito-urinary tracts, that they are not able to resist the shock or hemorrhage. In the future it is believed that much better results will be obtained than at present.

Dr. JOHNSON wanted to know what was the rational explanation as to why the prostate enlarges. There is no special irritation, no apparent local causes, and what is remarkable it enlarges at a time when it is least used. We have all heard of atrophy from disuse; but hypertrophy from disuse seems to be implied in the case of enlarged prostate.

Dr. SMITH always takes an interest in the prostate gland, because he constantly thinks of the resemblance between it and the uterus. The structure of both organs is composed mainly of fibrous and muscular tissue. The uterus also contracts under the same conditions which cause contractions of the prostate. It seemed to him that from Prof. Adami's description of the gland one can easily see why people get enlargement of the prostate, and even why they get it when they don't want it any more. Overuse of this muscular and fibrous tissue will cause hypertrophy. Every time the fibres of the prostate contract they increase in size, and when this has been going on for twenty or thirty years, they get to be a pretty good size. Fibrous tissue frequently occurs in the uterus as the result of an exudation from the walls of the uterine veins, due to some obstruction to the venous circulation in some of the large veins about the brim of the pelvis, into which the uterine veins empty. When we have chronic constipation, with a loaded sigmoid flexure pressing directly on the common iliac veins as they pass over the brim of the pelvis, we have engorgement of all the subsidiary veins, an exudation of lymph, and the organization of the lymph into fibrous tissue. Obstruction to the venous circulation is the key-note to the causation of enlarged prostate; this obstruction may be due to chronic constipation, to the heart, or to the liver. For the last few years he has employed the fluid extract of ergot in the treatment of enlarged prostate, for the very reason that he has seen such good effects from this

drug in the treatment of subinvolution, and he found it generally gave great relief. In one case a soft bougie could not be passed; after a few doses of this remedy the man could pass a good stream. In the stage when the enlargement is forming we are to keep the following points in view: Don't excite the gland too often; remove any obstruction to the venous circulation, and give ergot to cause the already hypertrophied muscle to contract.

Dr. MCGANNON believed that enlarged prostate is more often due to overloaded blood vessels than to overuse, and thought that such cases can be much benefited by proper treatment, even when the genito-urinary tract is involved.

Dr. MILLS would not say anything on the subject but for the alarming views of Dr. Smith. He called attention to a kindred phenomena which may throw some light upon the subject. Bitches as they grow old are very liable to develop adenomatous tumors in the region of the mammary glands. Dr. Lafleur examined some of these and pronounced them adenomata, tending to be malignant. Dr. Adami is of the same opinion. Here, then, you have an overgrowth of the same kind of tissue with a tendency to become pathological, even malignant; both connected with the period of life when vitality is lowered. He was not prepared to pronounce a definite opinion, but he most emphatically repudiated Dr. Smith's ideas on the subject of the etiology of hypertrophied prostate.

The late Dr. R. Hugh Berwick—Dr. MILLS said: "I have a motion to make, and with the rest of you I regret that we have so often to make these motions. In the last few years they have come with painful frequency. I will therefore move, and Dr. Proudfoot will second, the following resolutions:

"Resolved—That this Society has heard with deep regret of the death of one of its members, Dr. Robert Hugh Berwick, who, though a young member of the profession, was one of the most promising, and one who had gained the respect of all with whom he had come in contact during his brief but successful career.

"Resolved—That a copy of this resolution be sent to the friends of the deceased, to the Dental Association of the Province of Quebec, and to the Press."

Stated Meeting, February 3rd, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

A. W. HALDIMAND, M.D., was elected a member.

Malignant Growth of Prostate and Base of Bladder.—Dr. ADAMI brought this case before the Society on account of the numerous points

of interest that it presented, more especially on account of the long continued history of kidney and bladder disturbance, and the nature of this disturbance. Dr. Bell, in whose ward the patient was at the time of death, would furnish details of the history of the case. He would simply remark that the patient, T. R., aged 88 years, entered the General Hospital in June, 1892, complaining of renal symptoms, and was in consequence placed under the late Dr. Ross. Soon vesical disturbance became more prominent and he was transferred to the surgical wards. Here malignant tumor of the bladder was diagnosed: there was progressive emaciation ending in death upon January 20th, 1893.

Dr. ADAMI detailed the post mortem appearances. Leaving aside the condition of the urinary system, there were briefly senile degeneration of the various organs, hydrothorax and edema of the lungs. He exhibited the kidneys which were large. The left kidney weighed 180 grms., and presented an obstructive cyst occupying the lower extremity of the organ. On section both cortex and medulla were found to be narrowed and of pale color. The right kidney was larger and more hydronephrotic, but was not weighed or cut into, since it was reserved attached to the ureter and bladder for museum purposes. The pelves were greatly distended, as were also the ureters along their entire course until the base of the bladder was reached, where they entered into a mass of new growth. The bladder was distended, its apex reaching to the level of a line joining the anterior superior iliac spines. It contained more than 350 c. c. of bloody urine, together with masses of blood clot. On the other hand, the pelves of the kidneys and the ureters were filled with clear, almost colorless urine. Upon emptying the bladder the source of the hemorrhage was made evident. From the base there projected into the cavity a large nodulated and very vascular growth, divisible into three irregular masses, of which the most prominent was in the median area and somewhat anterior. The organ was firmly impacted into the pelvis, the new growth implicating also the prostate and the tissues around the base of the bladder. The glands of the left inguinal region were enlarged and the seat of a growth which felt firm on section. Similar secondary growths affected the retroperitoneal glands, and along the course of the right common iliac artery, near to its origin from the aorta, were two enlarged glands of the same nature.

Microscopical examination of this new growth yielded results of not a little interest. Portions removed from the masses projecting into the bladder presented an appearance which could not be distinguished from what is usually recognised as a form of alveolar sarcoma; that is to say, that with the low power nothing could be seen but a collection of round or slight oval

cells of fair size, and towards the surface of the growth these could be seen to be infiltrating the muscle fibres of the bladder wall, or what remained of them. With a higher power these cells could be seen to possess an alveolar arrangement. A peculiarly delicate stroma surrounded masses of these cells, forming a series of rounded alveoli, and in this surrounding stroma ran fine vessels of an embryonic type. Where the tissue of the sections had not been loosened in the process of preparation this arrangement was in parts unrecognizable—the growth was undistinguishable from a true sarcoma.

A study of the prostatic portion of the growth and of intermediate areas revealed the true nature of the growth. In the anterior region of the prostate there was still present remains of the prostate tissue. The tubules and their surrounding tissues could be seen presenting a typical arrangement, but with this some dilatation of the lumina and hypertrophy of the stroma. Sections which showed these showed, however, other gland follicles which were becoming enlarged, and the epithelium here was undergoing proliferation, so as completely to occlude the lumen. The next stage to be made out consisted of what seemed to be these modified masses of glandular epithelium giving off finger-like collections of cells extending into the spaces of the surrounding tissue, and a little further back the condition of the modified prostate was that of a typical scirrhus cancer. Passing down towards the base of the bladder the cell masses become larger, the individual cells less compressed, the intervening fibrous stroma more and more scanty, and thus the passage could be made out from the scirrhus condition through that of medullary cancer to the first described condition which, as has been stated, would undoubtedly, without further study, be taken by most observers for an excellent example of and form of alveolar sarcoma. The alveolar sarcomata form so unsatisfactory a group of neoplasms, the descriptions of the various forms given by different writers are so divergent that it is worth while to record this case, showing as it does the necessity of a careful study of all portions of a growth presenting the appearance of what might reasonably be considered the true alveolar sarcoma of some authorities.

This difference in the appearance of the various parts of the tumor harmonizes well with the clinical history of the case. Evidently the disease started in the prostate, and here it had been of very small growth. The firm fibrous nature of the neoplasm points to this, and it is of special interest to note that, according to the patient's statement, the enlarged glands in the left inguinal region had been present and noticed by him for quite two years. There was a history of prostatic disturbance for

some considerable period anterior to this, and the interesting question is raised as to whether the carcinomatous condition had been preceded by hypertrophy of the organ. This question, it is true, cannot be answered with certainty. It might be considered that the enlargement of the follicles in the anterior region of the organ that had not as yet undergone atypical epithelial proliferation, and the increase of stroma here is an indication that this had been the case; but the point will not bear having any great stress laid upon it. Evidently also, from its appearance, the vesical portion of the growth was of rapid development, the marked want of fibrous inter-alveolar substance points to this, and here again we have the history of relatively recent vesical symptoms. It would seem as though the neoplasm had extended under the base of the bladder (externally), and so brought about obstruction of the ureters before the wall of the viscus itself had been invaded. The firmer nature of the growth in the former region is in support of this opinion.

The fact that the inguinal glands of the left side were implicated is worthy of note, not only, as has been stated, because of the early period at which they were effected, but also because their implication would seem to indicate a back flow of lymph. This, however, is in consonance with numerous other observations tending to show that lymph may flow in either direction, or to place the matter otherwise, that when one channel becomes obstructed a collateral if round-about channel is employed.

Dr. BELL had little to add to the clinical history of the case given by Dr. ADAMI. There could in this case be little difficulty of diagnosis when he saw the patient. From the extensive nature of the disease in the bladder, from the secondary deposits in the glands, from the man's advanced age and approaching death from senility, this was not at all a case for operation, and having satisfied his mind upon that point he simply waited, knowing that it would not be long before the specimens would be passing through Dr. ADAMI's hands. With regard to the history of the progress of the disease, having only once investigated the case, he could not be very clear, but this he could affirm, that the patient had manifested symptoms referable to the prostate for five years, but had only been seriously ill for a twelve-month. The growth in the groin had been present for two years.

Dr. SMITH was under the impression that the lymph always flowed from the urethra towards the inguinal glands; he was certain such was the case so far as the penile and membranous portions of the urethra were concerned, and thought it applied to the prostatic portions as well.

Dr. ADAMI pointed out, in reply to Dr.

Smith, that here was not so much a question of the urethra and its lymph supply as of the prostate. He thought that it was generally held that the lymph about the neck of the bladder passed to the retroperitoneal glands. Here the prostate would seem to have been primarily affected; its lymphatics pass to a gland in the lateral true ligament of the bladder.

A Case of Occipital Meningocele—Dr. KENNETH CAMERON read the report of this case.

Treatment of Alcoholism by Hypodermic Injections of Nitrate of Strychnia—Dr. MCCONNELL read a paper on this subject as follows:—

In *Merck's Bulletin* for August, 1891, a brief notice of Dr. Portugalow's experience with the nitrate of strychnine in dipsomania is given. He claimed to have cured 455 cases, and asserts that he knows of reliable and specific remedies for two affections only: strychnine for the various forms of alcoholism, and quinine for malarial fever. He used a solution of six centigrammes in fifteen grammes of distilled water, given from one-quarter to one-half gramme hypodermically once or twice daily, ten to sixteen injections completing the treatment. Similar results were obtained by Dr. W. N. Jergolski, and others, in Russia, Germany and Italy.

That strychnine, cocaine, atropine, capsicum, cinchona, and other nerve tonics had been employed with advantage in alcoholism is a fact generally known, but that such brilliant results could be obtained by such a well-known remedy as strychnine, properly administered, filled a gap in the therapeutics of a disease with which, hitherto, medication had mostly been fruitless, and which could only be regarded and hailed with grateful appreciation by the general practitioner who could hitherto do so little for this—by no means small—class of afflicted humanity.

I have treated during the last 15 months some 30 cases, 25 of whom received the full course of injections; the results will, I think, demonstrate what benefit we can obtain from it in this form of narcomania. Due attention was paid in each case to the associated derangements and the constitutional peculiarities. The patients all came to the office for treatment, and although recommended to abstain from further drinking were allowed to take liquor if they desired it. The dose given subcutaneously varied from one-thirtieth to one-sixth grain twice daily for ten days, then once daily for ten days, the highest dose being reached about the third or fourth day and continued to the close of the treatment. This being nearly in accordance with Spitzka's experiments, that to maintain its action the doses of strychnine must be in the beginning increased, and later the interval increased and the doses lessened.

The border line of tolerance was reached in most cases when one gramme was used of a solution containing 12 centigrammes strychnine to 15 grammes water, that is about two-fifteenth grain. Internally cinchona, peroxide of hydrogen and capsicum were frequently prescribed in combination. When bromide of sodium failed to procure sleep, paraldehyde always succeeded. In the later cases strychnine in doses of one-twentieth grain, with elixir of phosphate and calisaya (Wyeth's) was ordered to be taken once or twice daily for four or five weeks after ceasing the injections.

The following brief reports of each case are condensed from the notes taken in detail during the progress of the treatment.

Two solutions were used, one containing six centigrammes to fifteen grammes water, and in the later cases one of double the strength, equal to two grs. to the half ounce. The weaker solution was used in all cases unless where the stronger is mentioned.

CASE I.—November 10, 1891, insurance agent aged 50, has used alcohol since 12 years of age and to great excess since 20, and more or less continually during the last four years; marked family history of alcoholism. Patient is small in stature, emaciated, tongue thickly coated, tremulous, has had very little sleep for a week. Gave a purgative and potassium bromide.

On the 11th began the injections, giving $\frac{1}{2}$ gm. twice daily. He states that after a prolonged spree, during the first, second and third weeks of abstinence he suffers from cramps in the limbs, and for four years has had night sweats; had no cramps after first injection, and claimed to have no desire for liquor after the first day. At the end of the first week of treatment he showed remarkable improvement in every respect; had a ravenous appetite, slept well, no depression, and very sanguine as to the virtue of the treatment. During the second week had one injection daily, when the treatment ceased. He then claimed to enjoy as good health as ever before. He reported from time to time the entire freedom from desire for liquor, and remained so for eleven months, during which time he had no regular work. Having got a situation, after his first pay he ventured a glass of liquor, when the ardent crave was rekindled and a prolonged debauch followed.

CASE II.—Moulder, aged 50, is a strong, robust man. No family history of alcoholism or other neurosis. Received a blow on the forehead about 30 years ago, where a depression still exists; began his drinking habits after that; has drunk hard during last 15 months, and is now imbibing all he can procure, sometimes 40 glasses of liquor daily. Had two injections twice daily for a week; took no liquor after the first day, and after the second

day claimed to have no desire for liquor. He became ill with la grippe, having received 10 injections. I heard from him four or five months after, and learned that he had not up to that time partaken further of spirituous drinks.

CASE III.—Insurance agent, aged 46; has a neurotic family history, there being cases of alcoholism and insanity. Has drunk steadily for 30 years. I requested this patient to drink all he wished during the treatment. He was poorly nourished, not having the means to properly maintain himself owing to his habits. Drank 20 glasses of ale first day of treatment, the number diminishing daily until the end of the first week, when his desire ceased. At the end of second week he appeared free from the drink crave and had improved very much in his physical condition. At the end of two months he again resumed his drinking habit; his relapse was attributed to his unwillingness to give up his life-long habit of ale at meals.

CASE IV.—Advocate, age 40; has drunk inordinately for about 10 years; no hereditary cause; attributed the acquirement of the habit to the treating custom. Suffers from gastritis with morning vomiting and sleeplessness; gave sod. brom. and calumbo and parvules hg. subchlor. 1.20 gr. every hour. Gave first injection December 17th; found a tonic effect after first injection; no vomiting after next morning; took liquor daily until 25th; none after; all the catarrhal symptoms disappeared after first week of treatment and also the desire for liquor. Ceased the treatment on January 1st, patient feeling quite restored. In a couple of months he had relapsed into his old condition.

December 26, '92, came to have another course of treatment, having confidence in its power to relieve him of his desire for alcohol. The gastric symptoms were predominant; the strong solution was used, beginning with 5 degms. and increasing daily until 10 was reached; gave two injections daily for 10 days and one daily for 10 days longer. After fourth day gastric symptoms were quite relieved and desire for drink gone; attempted a glass of wine a day or two after but found it flat and distasteful. While taking two full doses daily, on two occasions noticed for a few minutes involuntary contraction of upper limbs; since end of first week appetite and digestion have been good, and he claims to feel better physically and mentally than for months. He, however, will not consent to total abstinence for the future, which to those who can only drink immoderately is the only remedy.

CASE V.—Printer, aged 40; single; a drunkard for about 20 years; no hereditary predisposition; accustomed to be off work two and three days each week; began treatment December 30th, 1891; the ordinary solution; had no

desire for alcohol after first injection, recovering in a week his accustomed health. On inquiry I find he remained well for eleven months, when he again resumed his drinking habits.

CASE VI.—Painter, aged 50; has drunk spirituous liquors since 18 years of age; father was a hard drinker; he cannot sleep and has no appetite; constipated; tongue coated, smooth at tip and edges; has an intense crave for alcohol; drank a few hours before beginning treatment; took no alcohol after first injection; was at a dinner party four days after where liquor was used, but had no desire for it and took none. After 15 injections was discharged much improved in general health and changed in his appearance.

CASE VII.—Corset maker, aged 32; has used liquor for 15 years and excessively for 10 years; went on protracted spree at irregular intervals; treatment continued from July 5th to 20th, 1892; was drinking when the first injection was given; no desire for liquor after second day, and steady progress afterwards towards his usual condition of health in the intervals of sobriety; four months after again resumed the habit.

CASE VIII.—Feb'y 9th, 1892, druggist, aged 29; used alcohol since 9 years of age; had not taken any for two years previous to three months ago; had made many attempts to give up the habit but without success; no heredity; no insanity or nervous disease in family. Desire for liquor left after second day; stated that he had not experienced any of the symptoms of nervousness and depression observed at other times when breaking off; at the end of two weeks treatment was in good condition and no desire for stimulants. Some two months after learned that he had relapsed.

CASE IX.—Auctioneer, aged 42; has drunk intoxicants for about 30 years, during last six 6 years almost constantly; was irregular in his attendance and got about 20 injections; began drinking immediately after.

CASE X.—Waiter, aged 55, July 15th, has used liquor since he was 20 years of age; father drank; has abstained at intervals of 2, 3, 6 and 11 years. The last six years' abstinence ended a year ago, when brandy was recommended for sleeplessness, since then has drunk more or less constantly; was intoxicated when he got the first injection, July 15th, 1892; much gastric derangement and sleepless. Sod brom. used to procure sleep: had no desire after the first day and has not drunk any since.

CASE XI.—Aged 40, Feby 25, 1892; no occupation; interdicted for some six years; a chronic inebriate with inherited predisposition. When first injection was given was in a stupor and semi-paralyzed; had been drinking very hard for two weeks, and had for the last week taken 60 grs. sulphonal at bed-time, furnished to him on his own application by a druggist.

At the end of two weeks had improved very much, and for a week had not asked for stimulants. He then went out for a drive, and passing a saloon to which he was accustomed to go could not resist the temptation to enter. He was then placed in a private ward in hospital and the injections given for three weeks. After the fourth day did not ask for liquor, and at the termination of the treatment had quite recovered himself and left, stating that he had no desire for alcohol and that he would not again touch it; three days after he had broken his resolution.

CASE XII.—Gardener, aged 33; Feb'y 23; has taken liquor since the age of 15; father drank. Patient gets intoxicated every pay night (Saturday) and would return to work Tuesday. He drank soon after the first injection; had two weeks' treatment, one injection daily. He remained a total abstainer for five months. Reported himself again for treatment on December 9, 1892; had gone on a visit to the United States and while in company was induced to take a glass of beer, and for last four months has drunk more or less constantly and has been drunk daily for last four weeks. Put ant. tart. into his accustomed liquor and advised him to use it for a day or two. While under the treatment it caused considerable nausea and vomiting; used the stronger solution twice daily for ten days and once daily for ten days longer; was free from the craving after the first day; took the tonic for five weeks; two days after it was finished began drinking again.

CASE XIII.—March 1st, 1893. Widow, aged 44, has used liquor for 20 years, inordinately for four years; suffers from chronic gastritis, pains in the hands and feet. At the end of first week inclination for her usual stimulant had left and her gastric symptoms had much improved. During the first week of treatment she avoided passing the saloon which furnished her with whiskey, fearing that she would not have the courage to do so without calling. After the first week she passed it daily and was quite free from desire for alcohol; remained all right for six months.

CASE XIV.—March 5th, 1893. Commercial traveller, aged 37, single; has been an alcoholic for 17 years; father drank. Took rye during first five days of treatment, but states that its effect is different to what it usually is. Its effect being scarcely noticeable; he thinks that under the influence of the injection one can take larger quantities of alcohol without its having the ordinary effects; increased his injection to 1-20 gr.; after fourth day had no desire for his accustomed rye. On the thirteenth received some unpleasant news and tried to assuage his feelings with rye, but it was not gratifying and he took no more; remained all right one month only.

CASE XV.—March 9th, 1893. Civil engineer, aged 42, has used liquor for 21 years;

father drank. One gm. doses given; lost all desire after fourth day; three months after had resumed his drinking habits.

CASE XVI.—March 27th, 1893. Butcher, aged 26, an inebriate for eight years; father uses liquor, but not to excess; one brother a hard drinker. Gave 30.1 gm. injection; lost desire for alcohol after fourth day and has remained an abstainer to this date.

CASE XVII.—March 28th. Telegraph operator, aged 40, a drinker for 25 years; no hereditary predisposition; sleeplessness and gastric derangement. Took no liquor after first injection; made a satisfactory recovery; relapsed four months after.

CASE XVIII.—April 5th. Broker, aged 47, has used liquor for 27 years, latterly is constantly under its influence; marked nasal acne; much gastric distress. Combined 1-120 grain atropine with the strychnine once daily; had three weeks' treatment; took liquor daily until end of first week, after that had no desire whatever. Stated at his last injection that he did not wish to give up the habit of using wine at dinner; he was advised of the danger of not doing so. Some two months after he was as bad as ever.

CASE XIX.—July 11th. Commercial traveller, aged 41, single; no inherited tendencies; has used liquor since 18 years of age; now goes on prolonged sprees; has gastric catarrh; gave internally peroxide of hydrogen, tr. cinchonæ co. and tr. capsici. Used no liquor after first injection. Gave him a mixture to take for a month after his treatment, containing strychn. nitrate in elixir of the phosphates with calisaya (Wyeth's). January 12th, six months after, reported having been a total abstainer ever since, although daily in places where liquor is retailed.

CASE XX.—September 8th. Manager boot and shoe factory, aged 60; used alcohol first at 20 years of age. At 27 used it excessively; goes on prolonged sprees three or four times a year; has now been drinking four weeks; no hereditary tendency; patient is much debilitated; no appetite and cannot sleep; paraldehyde gave sleep; no desire for liquor after fourth injection, when he returned to his work and has remained well to date.

CASE XXI.—October 3rd. Clerk, aged 37; has used liquor for 11 years; no hereditary predisposition; uses mostly whisky; sleepless, paraldehyde gave sleep; got 30 injections; no desire for liquor after two or three days. At the end of his treatment was feeling unusually well. He has remained at business and has not taken any liquor since.

CASE XXII.—October 3rd. Agent, aged 59; has used liquor since a boy, and up to 55 years of age could get drunk every night and be up at work the next day; since then has been a confirmed inebriate; both parents were

very intemperate. The injections within two days had improved the condition of his stomach and lessened the desire for alcohol. He continued his beer during the first week—a glass or two at bedtime. A couple of days before the treatment was completed he left the city for two days, and at a gathering of friends indulged very freely.

CASE XXIII.—Traveller, aged 40; had a sunstroke in 1880; no hereditary influences. Although he took a glass of ale occasionally it was not until after the sunstroke that he began to indulge freely; has now been drinking steadily for four weeks; he was sleepless and on the verge of delirium tremens; secured sleep readily with paraldehyde and sod. brom; began with 7 degms. of the stronger solution, increasing it up to 10; 30 injections; drank none after the first day, made a rapid recovery, resuming work within a week.

CASE XXIV.—November 26th, 1892. Carpenter, aged 34; began to drink seven years ago. Takes two or three days continuous drinking spells at irregular intervals; last one continued a week; not inherited; sleepless and no appetite; three doses paraldehyde gave sleep; gave 30 injections, beginning with 7 degms. strong solution, 10 after third or fourth day; took no liquor after first injections; went to work on the second day and made a rapid recovery to his normal condition, and remained well to date; took the tonic for one month.

CASE XXV.—December 8th, 1892. Broker, aged 30; has used alcohol for about eight years; excessively for six years; no heredity; much gastric derangement; gave a purgative of powdered rhubarb and calomel and sodium bromide peroxide hydrogen trs. calumba and capsicum internally; required paraldehyde to get sleep; blood examined; there were 4,400,000 corpuscles to the cubic millimetre, about 7-10ths of these were very irregular in shape, shrunken with jagged edges, some of the projections acute, others truncated; no craving for alcohol after 3rd day of treatment; 30 injection all 10 degms after 3rd day. Although mingling with his old associates daily in places where liquor was sold, felt no desire whatever for it; appetite was good, and he appeared fully restored to his usual health.

From the results obtained in these twenty-five cases we can learn that simultaneously with the use of this remedy the crave for alcohol in inebriates diminishes and in a few days is completely gone, and through the withdrawal of the poisonous beverages and the tonic effects of the strychnine there is a more or less rapid restoration to sound physical health and of the mental powers; but as most of those treated have relapsed within from one to eleven months, the inhibiting power of the remedy is not per-

manent, and while it temporarily relieves the distressing and overwhelming crave for more stimulant and promotes a return to normal health, and in which condition these patients may continue to remain, yet they still lack the necessary will power to enable them to avoid the dangers which they know will precipitate a return to their previous enslaved and degraded condition. So that while it is fully within the power of medical science to restore these patients to temporary health, strychnine does not—as doubtless no drug treatment ever will—prevent the possibility of further relapses, although we can always depend on it to arrest what would be a prolonged debauch if its aid is early resorted to.

That weakened will power is a result of the prolonged use of alcohol is generally conceded, as is the fact that the tendency to alcoholism is in a large percentage of cases inherited, and that it is often as dipsomania one of the manifestations of insanity. A definite series of pathological conditions follow the continual indulgence in alcohol, differing only in degree in the milder methyl to the powerful effect of amyl alcohol, the nervous system showing the earliest and most marked disturbance, although every organ and tissue in the body eventually suffers. These and many other facts have led neurologists to place alcoholism as a distinct disease among the neuroses.

This position implies a complete revolution in the methods of treating these cases, and has brought to the aid of philanthropists and moralists the assistance of the medical profession, upon whom now devolves the duty of further elucidating the true pathology of the disease, and indicating the best means of restoring this numerous class of patients to a normal condition.

That the urgent demand for relief from the evils of intemperance is being recognized by the profession is evidenced by the increased interest taken in the work of the American Association for the Study and Cure of Inebriety, and in the section for the study of inebriety of the British Medical Association, and an ever increasing number of scientific investigators throughout the world.

Before rational and effective measures can be adopted for the proper management of inebriety we must have correct opinions in regard to the physiological actions of alcohol and the pathology of the disease, otherwise we must trust to the empirical results of experience.

To be continued.

Progress of Science.

HEART FAILURE.

Prof. Alfred L. Loomis, M.D., LL.D., read recently before the American Climatological Association a paper on Heart Failure.

He includes all heart failure in three classes :

1. Those in which the heart has for a long time been called upon to perform an abnormal amount of work, as in valvular or arterial disease.

2. Those in which obstructive changes in the coronary vessels markedly diminish the nutritive supply of the cardiac muscle.

3. Those in which toxic influences act directly upon the nutrition of the cardiac muscle, or so interfere with the cardiac nerve supply as to lessen cardiac resistance.

He concludes with this excellent advice, in his summary of his conclusions, as to the lessons taught by the facts demonstrated. He says :

"However we may explain it, clinical observation teaches that some chronic and many acute infections so diminish heart power that sudden heart-failure occurs in hearts that previous to this infection were of normal integrity. It then becomes of the utmost importance, in all toxic conditions, to watch for the first indications of cardiac weakness. On this principle Stokes based his great rule for the use of alcoholic stimulants in the treatment of typhoid fever, when he directed, 'that in every case of fever, if the first sound of the heart became indistinct, stimulants should immediately be given in sufficient quantities to restore the heart tone.' It is on this principle, also, that strychnia upholds an alcoholic heart in pneumonia, by restoring or increasing its nerve supply. A rule which for a long time has governed me in all toxic conditions is, not to wait for signs of commencing heart-failure, but to begin the administration of alcohol, strychnia, and other heart tonics early, and thus, if possible, save my patients from fatal heart-failure.

"A review of the cases which I have presented makes it evident that the term heart-failure is misleading and should be abandoned, for, in most instances, it does not express the pathological state. It is equally evident that the term death by heart-failure is often used to cover the ignorance of the medical attendants."—*Med. Age*.

SUGAR IN URINE.

Sugar in the urine is no more a proof of diabetes than albumen is of Bright's disease, and it is a great mistake to base the diagnosis upon

the one point alone. The presence of the sugar may be due to transient nervous conditions, to temporarily defective action of the liver, to excess of sugar in the diet, as when a new clerk goes into a candy-shop, or to a disturbance of the general system like that caused by the retention of the milk in women who have suddenly stopped nursing. Gout, syphilis, hereditary and renal disease may also cause glycosuria without diabetes. Ord, of London, says that while he has not frequently met with carbuncle or phthisis in glycosuria, they are common in true diabetes.—*Northwestern Lancet*.

THE TREATMENT OF TYPHOID FEVER IN A NUTSHELL.

M. O. Terry, M.D., of Utica, in the N. Y. *Med. Times* says:

1. Keep temperature down to about 100° by sponging as often as every two hours, night and day, if necessary.

2. Fumigate with sulphur or Spencer's pastilles every six hours. Evaporate oil of eucalyptol, using 30 drops to a pint of water, allowing it to slowly impregnate the air night and day.

3. Teeth and mouth should be cleansed and freed from all impurities with listerine and water (oz. $\frac{1}{2}$ to a glass) and the tongue scrubbed several times a day.

4. A compress should be kept constantly over the abdomen in the region of Peyer's glands.

5. Remove the cause if possible and discontinue the water if suspicion gives you any grounds for so doing.

6. Internally give the following: sodii sulphas oz., $\frac{1}{2}$; syr. aurantii cort. oz., 4. Sig., one teaspoonful in water three times a day. Other remedies, such as sulpho-carbolate of soda, gels., bapt., listerine, in connection with or interchanging. The remedies given should be antiseptic and those for special symptoms as they occur.

7. Diet: Milk with salt or peptonized, oatmeal or cracked wheat strained, orange juice, cocoa or lyroma. Later on in the case, eggs if bowels are not loose, mutton broth and rice. I never give beef tea in these fevers. Whisky and egg with milk in crisis or during convalescence.

8. If necessary to quiet I would prefer chloroform water: chloroform gtt. 30; aquae oz., 6. Sig. From a dessertspoonful to a tablespoonful, repeating when necessary. This is not only quieting but antiseptic and an antigermicide. Sulfonal may act well in 5 to 10 grain doses, repeating every hour for three hours if necessary.

FRONTAL HEADACHE AND IODIDE OF POTASH.

A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the potassic salt dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Alienist and Neurologist.*

THE NERVOUS ORIGIN OF JAUNDICE.

At a recent meeting of the Massachusetts State Medical Society, Dr. A. D. Rockwell read a paper on this subject. (*Boston Med. and Surg. Jour.*) He said it is a well-known fact that disturbance of the brain, both organic and functional, may very seriously interfere with the functional activity of distant organs. A cerebral disturbance may be the direct causative factor of every persistent derangement of the sexual apparatus. The bladder, intestines, stomach and heart may also be disordered by diseases of the central nervous system as well as the kidney and liver. So closely and so strangely are the vascular and the general nervous systems related to each other that their pathological conditions are often inseparably connected. The nervous system has an alliance so close with the functional activity of the secretory and excretory glands of the body that emotional disturbances, according to their character, act as depressants or excitants of the functional life of these organs. Some of the more common of these effects are every day familiar facts, as when the flow of tears is excited through grief, or the secretion of saliva and gastric juice through the smell of food. In the same manner as the superficial glands are easily influenced, so in all probability are the blood-making or ductless glands regulated and controlled by the organic nervous system. Dr. Murchison, to whom the world is so much indebted for enlightenment on this subject, asserted that not only was the secretion of bile interfered with by prolonged mental anxiety, worry and incessant mental exertion, but that the principles of sanguinification and blood change, in which the liver takes part, were frequently deranged from these same causes. He states

that acute atrophy, in which the secreting cells are rapidly disintegrated, and the functions of the organ arrested, appears in many instances to have a purely nervous origin, and very often the first symptoms of the disease have occurred immediately after a severe fright or an outburst of passion in a person previously healthy. An impression made upon the brain appears to be reflected to the liver and deranges its nutrition. Even cancer of the liver appears sometimes to result from the functional derangement induced in the first instance by mental trouble.—*Med. Era.*

APHTHOUS SORE MOUTH IN CHILDREN.

Aphthous sore mouth in children caused by the use of milk from cows affected with aphthous fever is the subject of a report by Dr. Ollivier, published in *La Revue Médicale de l'Enfance*, January, 1892, as follows:—

"Although some specialists in children's diseases assert that the transmission of aphthous diseases is extremely doubtful, and that some of them, as Bohn, positively deny its possibility, it is certain, nevertheless, that the milk of cows or of goats having aphthous-fever may produce an aphthous stomatitis in persons who use it. The facts related by Ollivier are quite conclusive on this subject.

"As long ago as 1765 Sagar observed, in a convent, an epidemic which left no doubt in his mind as to its origin; all the cows from which the milk for the institution was supplied were attacked with aphthous-fever, and the religious who used the milk were attacked with fever and confluent eruptions in the mouth.

"In 1834 three Prussian veterinary surgeons—Hertwig, Mannaud and Villain—drank of the milk of cows suffering with *cocotte* or aphthous sore mouth (aphthous fever), and all three were attacked after a short period of incubation with the characteristic eruption.

"Since that time numerous facts have been brought to light and numerous experiments, voluntary and involuntary, have been made and published by Delest, David, Proust, Nancara, Declainche, who have cited many other incidents besides their own. In a case of Goubaux, an infant raised on the bottle in the country was taken with a confluent aphthous eruption in the mouth; the cow that gave the milk was examined and found to be suffering with the disease.

"At Lyons M. Chauvau observed the following case: In a boarding-school of young ladies the pupils were accustomed to take unboiled milk every morning, which was supplied from a neighboring farm on which the cows were found to have aphthous-fever; nearly all the young girls were attacked with the local vesicular eruption.

"Fränkel reports four cases which he observed, some of them in adults and some in children, and believes that they were transmitted by the milk used. Wassenberg maintains a similar opinion in regard to the transmissibility of the disease.

"From many facts observed by Dr. Ollivier in the hospital for sick children, he was able to show that children who used the milk of diseased cows almost invariably contracted the disease.

"If, then, we can admit with Monti that aphthous stomatitis may be due to the presence of alimentary substances in the mouth for a long time, or to the alteration of the secretions, or the production of an irritant or toxic substance in the mucous membrane, we must also recognize the fact that aphthous stomatitis may be transmitted by milk from cows or goats having aphthous-fever, for many facts and many examples can be adduced to prove it abundantly.

"Can the disease be transmitted from one individual to another? Some observations made by Chaumier in 1886 seem to prove it.

"But what gives rise to the contagion? Fränkel has found the *staphylococcus pyogenes citreus* of Passet and the *staphylococcus* of Rosenbach, but they afford nothing of a special nature.

"Milk from Diseased Animals and its Effects is reported in the *Giornale della Reale Società Italiana d'Igiene* for January and February, 1892.

"It is well known that many hygienists attribute much influence to the milk of diseased animals in the diffusion of tuberculosis. Hirschberg wished to determine definitely the transmissibility of tuberculosis, and made extensive experiments on animals with matter taken from others affected with or suspected of having the disease. The author found that the milk of cows having general or local tuberculosis always possessed the property of giving the disease to animals which were inoculated with it, and it seemed that the active agent had the form of spores, which were more resistant than the bacilli."—*The Sanitarian*, May, 1892.

MORTALITY BY CHLOROFORM AND ETHER.

Dr. Samuel Bell, in an able article in the *Medical Age*, says that the question of mortality by chloroform and ether can be only approximately determined. The number of administrations, with the relative number of deaths, cannot be accurately estimated. Many deaths have been reported, and we feel safe in saying that many have not; but enough have been reported to enable the writer to decide the relative danger of the different anæsthetics.

It is certain that chloroform has caused a great many more deaths than any other

anæsthetic agent, but it can also be justly stated that chloroform has been much more extensively used than any other agent. In Europe a majority of the surgeons have used chloroform alone. American surgeons have used ether more extensively. Squibb has estimated the ratio of deaths from chloroform as published in American journals at 1 to 11,674. Assuming that only half the fatal cases have been reported, this would give a ratio of 1 to 5,837. The Royal Infirmary of Edinburgh gives a more favorable showing; in ten years, with 26,500 administrations of chloroform, only one death occurred. A report of twenty of the London hospitals, where chloroform was used about 8,000 times per annum, gives a mortality of three per annum, or a ratio of 1 to 2,666. It is admitted by the best American authority that, out of 80,000 inhalations of chloroform during the war of the rebellion, only seven fatal cases resulted, giving a ratio of 1 to 11,428. The assertion is also made that during the Crimean war not a single death occurred out of 20,000 inhalations. Kappeler reports for himself, Billroth, Nussbaum and König, out of 39,000 administrations of chloroform by them, only two fatal cases, or the ratio of 1 to 19,500. The exact information with reference to the mortality from ether is not more reliable than that concerning chloroform. From the most reliable sources the ratio of deaths is 1 to 23,204. For protracted operations requiring prolonged anæsthesia, ether is by far the safer; also for weak and debilitated patients.

TREATMENT OF RINGWORM.

Recent reports anent tinea tonsurans show a strong tendency towards the use of losophan, a new and very effective mycotic which has been giving remarkably good results. Losophan is a triiodocresol, very rich in iodine (about 80 per cent.) with which, on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons losophan is indicated in all cutaneous conditions due to the development of the trycophyton fungus, in mycosis, pityriasis, sycosis, prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The reports advise the use of losophan in a 1 to 2 per cent. ointment with lanolin or vaselin. Where a wash is needed, a solution should be made of 1 or 2 parts of losophan in a mixture of 25 parts of water with 75 parts of alcohol. The mixture keeps well, Losophan has already been tested in the treatment of phymosis and chancre. The best results were gained from a 1 per cent. powder dusted over the lesions.—*Medical Standard*.

TREATMENT OF BOILS BY BORIC ACID.

L'Union Medical quotes Alison as having obtained good results in the case of general furunculosis by the administration, for eight or ten days, of from 10 to 15 grains of boric acid a day, divided into two doses. At the same time, four or five times a day, the inflamed areas were washed with a hot solution of boric acid, in the strength of four per cent. Between the applications of this lotion compresses were applied to the diseased parts, which had been wet with the same solution of boric acid. In this way he claimed to have been able to relieve the boils which had already formed, and to do much towards preventing other outbreaks. By this means he thinks it possible to avoid surgical intervention.—*Therap. Gaz., West Med. Reporter.*

PRINCIPLES UNDERLYING THE MODERN TREATMENT OF GONORRHOEA.

In regard to treatment the following data (*Neiser in N.Y. Med. Record*) are to be borne in mind. Use only such drugs as will

- (a) Kill the gonococci.
- (b) Increase inflammation as little as possible.
- (c) Not injure the mucous membrane.

Among the remedies answering these requirements the following may be mentioned:

Silver nitrate solution, 1 to 4,000 or 1 to 2,000.

Ichthyol, 1 to 100.

Sublimate, 1 to 30,000 or 1 to 20,000.

Pure astringents are not advisable on account of the danger of spreading infection by means of injections. In the early stages caustics are dangerous, and the endoscope and bougie are to be eschewed. Early anti-bacterial irrigation is the best therapeutic measure, but for practical reasons injections with a good syringe will have to be used in men. In women local treatment follows the same principles.

The duration of treatment is not to be regulated according to conspicuous immediate results, but should always be mild and continuous. Safety, not rapidity, should ever be the aim of our therapy. In all chronic cases it is essential to ascertain whether gonococci still exist. In men, irrigation or Guyon's instillations will best destroy the remaining virus.

If gonococci no longer exist, then the true basis of treatment is found in the discovery of the anatomical seat of the changes which have occurred in the mucous and submucous tissues. Sounds, massage, cauterization, are then called for, according to the nature of the lesion.—*Epitome.*

ETIOLOGY OF INFLUENZA.

A. Pfuhl (*Centralbl. f. Bakt.*, March 25th, 1892) describes a bacillus found by him in the sputum in nine cases of influenza. The organism, which lies within as well as between the pus cells, is in the form of a fine short rod, and occurs in such vast numbers as to compel attention at once. Diminution in number was found to accompany subsidence of fever. The bacillus stained well with carbol fuchsin, while with Gram's method it remained almost completely unstained. Colonies with characteristic features were found on plate cultures of glycerine agar inoculated from sputum. The bacilli also grow well in broth, but indifferently on gelatine and potato. They could be cultivated to the eighth generation, provided inoculation of fresh tubes was not delayed beyond ten or twelve days. In plate cultures from the blood of one case a bacillus was found resembling that just described, but even more delicate in form. This could not be cultivated beyond the second generation. Whether or not it was actually distinct from the bacillus first mentioned is uncertain. Pfeiffer was unable to cultivate the bacillus found by him in this disease beyond the second generation, but states that Kitasato later grew it to the fifth. Pfuhl considers these points in connection with his own experience, and suggests that possibly these observers were not dealing with one and the same organism. Rabbits were injected with organisms of both kinds, in either case refusal of food, tendency to huddle in corners, slight rise of temperature, and signs of a general disturbance in health were noted, but these symptoms were more marked when the bacillus employed was that first mentioned.—*Brit. Med. Jour.*

PERFORATION OF THE CERVIX BY LAMINARIA TENTS.

Bruchon (*Nouv. Archiv. d'Obstét. et de Gynéc.*, May, 1892) indicates a danger which may arise from the incautious use of laminaria tents. The tent should never be allowed to pass entirely into the cervical canal. It should be sufficiently long to protrude one-fifth of an inch below the external os when its upper end touches the fundus. The danger of using too short a tent is most evident when a marked degree of ante-flexion exists. The uterus contracts on the tent, and its lower end is driven into the substance of the posterior lips of the cervix. The lip has been completely perforated in that manner. Bruchon observed a case where the cervix was damaged by a tent. The patient was 23 years of age. Dilatation was undertaken in order that the curette might be used, as endometritis existed. On March 12th the first tent

was applied. On the 16th two tents were inserted. On the 19th the curette was used. It was found that one of the tents had almost perforated the posterior lip, its extremity being covered by a thin layer of the mucous membrane of the posterior part of the cervix. Bilateral laceration and eversion existed. The perforation set up no evil consequences; the curette was used, and the local uterine disease cured. —*Current Medical Literature.*

THE TREATMENT OF TUBERCULOSIS.

Flick (*Med. News*, March 12th) publishes a series of cases of tuberculosis treated by inunctions of a solution of iodoform in oil. According to his experience, iodoform will cure tuberculosis in the first stage, and it acts better when administered by inunction than when given by the mouth. When the disease has advanced to the second or third stage, iodoform may do good, but can no longer be depended upon as a curative agent. Creasote in large doses (15 minims) should then be given, and torics and forced nutrition, but the inunction should not be discontinued, as there may be areas in which the disease is still in the first stage. —*British Medical Journal.*

News Items.

A PREACHER'S TALK TO DOCTORS.

The Rev. Robt. McIntyre in addressing the graduating class of Gross Medical College, Denver, said some things which it is to be hoped those who had the pleasure of hearing him will always remember. We give an abstract of his address to our readers, believing that its salient points will be as useful to the old "heads," if remembered and followed, as to those just entering upon their career. He said:

"Medicine is not only an honorable and intelligent profession, but a self-sacrificing one. I know of no other that has produced so many heroes. The doctors have shown that they have the very substance of martyrs in them. They have laid down their lives to check disease. Call the roll of the heroes of war, and I will match every one of them with a hero of medicine. Call the roll of the martyrs of the Church, and I will parallel every one of them with the name of some great good man who for humanity's sake counted his life as nothing. God had but one Son. He made Him a doctor. He was the Great Physician.

"There is some similarity between your profession and mine. You, like the preacher, will

have to do your best work for no money wages. Some of you will doubtless get large fees, but the average physician and preacher do not. You will get a living and no doubt be able to lay up a competence for old age, but that is about all an honest physician or preacher can expect to get. Your principal pay will be gratitude and love. But you know these are the real wages, the true pay.

"Like the preacher you won't get much fame; only a few get that. You will be in the regular ranks of the hard working benefactors of the race.

Another thing—you, like the preacher, will get very little rest. You will never have a day. Every human life, like a brick wall, should have a binding course, every seventh day, but you will get no such rest. People have a trick of getting sick nights and Sundays. There is no profession so hard worked, none that does so much for nothing. I never knew of a doctor who refused to aid in a charitable work, or to send medicine, or to visit the helpless and distressed, and in many cases without any expectation of reward. Where is the profession that does the like? Often have I thanked God for the doctors.

"I understand that you are well grounded in your profession, but there are some things that no medical teacher gives. In the first place, I hope the male members of the class will soon go over to the silent majority—not the dead but the married. No man can get along without a wife very well, and a doctor not at all. When a doctor gets married he gets not only a wife but a partner who gives him a standing professionally which he could never get otherwise.

"It is needless for me to say to you that you should never go to the bedside smelling of tobacco or drug or liquor. And in regard to stimulants, let me say that I have noticed that some well-meaning physicians do harm at this point. On the top of every man's palate is a little vampire that may be hatched out by a drop of stimulant or an atom of narcotic, and you must not drop that atom there. There was a time when doctors were very careless in their prescriptions of stimulants, but they are wiser now."

The speaker then recited with striking effect a poem in Wabash dialect, telling how they cured the "aiger," in that country. The backwoodsman who tells the story in the poem gives the prescription as lemon and whisky. He lauds its efficacy and says, "the safest way is to take a little every day." The speaker continued: "The truth is, the most dangerous way is to take a little every day, and you must see to it that your patients do not fall into that habit.

"The next point I want to urge is to have a good deal of sunshine in your nature. There is nothing so helpful in the sick room as a heart full of sunshine. Have a few good stories with

you to give along with your bolus or your powder. They do not have to be new, if they are only good. A story, like a kiss, if it is any good, will bear repeating. You will have to have these stories to manage the human hedgehog, who, with bristles always the wrong way, is still more 'cranky' when he is sick. And then there is the man who knows it all, who tells you you must not do this and you must not give him that, and what he needs is so and so; you will need stories and good nature to handle him. I have known doctors to win reputation and friends and money by genial temperaments.

"Another thing you need is sympathy. You are going out into a world of pain. The eagle tears the bleeding rabbit limb from limb to feed its young; in ocean's deepest cave the shark rends the dolphin for its food everywhere is pain; and in this age of fast living, sickness and pain will gain in the mad race. On a throne built of broken hearts sits the hoary old mistress of the universe, Queen Pain, swaying her sceptre over all creation. All your medical skill will not be enough unless you carry sympathy with it. It will make you a friend, a companion, a father, a brother, a helper, and you will often be called to heal those who are more sick in heart than in body.

It is not poverty of diet so much as monotony of diet that exercises an unhealthful influence on the poor. As a matter of fact they eat "stronger" food than the rich, more bread, meat and simple vegetables, but their cooking is rude, and they eat the same things the whole year through. People who are well to do, or who are better cooks, get more variety with fewer things, and always have something to tempt the appetite. Soup can be made to resemble greasy dishwater, or it can be made a really savory and nutritious thing, and there are a hundred different ways of serving potatoes. Free cooking schools would be a first class thing in the tenement districts of large cities.

Dr. Keeley has never allowed his "philanthropy" to obscure his commercial vision. If nothing else, he struck a gold mine when he "discovered" his bi-chloride of gold treatment. It has panned out better and richer than the wildest hopes of any of the great bonanza kings. It is estimated in reason that he has made from ten to fifteen millions from his discovery, and now it is reported that he is considering a proposition to transfer all his rights to a New York syndicate for ten million dollars. He has worked the mine for all there was in it, and is

now satisfied to let others go over the same ground and take what little he may have overlooked.

The will of Dr. Anton Ruppener, of New York, for many years resident physician at the Fifth Avenue Hotel, has been declared valid by a jury. Dr. Ruppener was brought to this country when a poor boy, was educated by Prof. Agassiz, and accumulated a fortune of upward of \$300,000 in gilt-edged securities, valuable paintings, bric-a-brac, etc. He left to the town of Alstetten, Switzerland, his native place, \$25,000, the income to be used in buying bread for the poor. His library goes to the University at Berne, with the income of 20,000 francs. He gave the Harvard University, of which he was a graduate, \$10,000 for the medical school, to be known as the Dr. Ruppener fund.

There is now another bill before the Illinois senate to compel the patent medicine manufacturers and venders to label their goods and print the formula, as did the Burke bill in the house which caused so much anxiety in that trade a month ago. The bill was introduced by Senator O'Malley, and yesterday the license committee reported the measure with the recommendation that it pass. This probably means that the manufacturers of patent medicines will have to go to the capital again to look after their interests. They effectually settled the Burke bill when they were there several weeks ago.

THE TRUE PHYSICIAN.

Dr. T. Frazer Thomas, of Gainesville, Florida, is the author of the following sentiment touching the relations of the medical man to the lowlier members of his constituency: "The true physician will respect the feelings of the poor, both by the language and tone of voice in which he addresses them. He will remember that disease is his only passport to any house. He will act as a gentleman to all, to the low, to the vile even, as well as the gentle and the rich. His duty is to heal, not to punish. Boerhaave said that 'the poor are the best patients, for God is their paymaster.' Because the physician receives no tangible recompense, he must not forget his obligation to his patients nor his own self-respect. In his intercourse with the world he must not be swayed by prejudice or nationality. Friendship and good-will for all his patients are his polar stars, ever keeping in remembrance the priceless precept: 'There is but one country—the earth; but one nation—the human race'."—*Notes on Pharmaceutical Products.*

LIBEL AND SLANDER OF PHYSICIANS.

A description of what constitutes libel and slander affecting physicians and surgeons is given by L. D. Bulette, Esq., in the *International Medical Magazine*. Words which cause an appreciable injury to the reputation, if they are false, constitute a libel when written or printed; a slander when spoken. Words which are clearly defamatory are actionable, *per se*, without the necessity of proof that any particular damage has resulted from their use; if they merely tend to injure the reputation of another, some perceptible injury must be proved. When the words or language used imply gross ignorance and unskillfulness in his profession, the medical practitioner may sue. It has been held that to call a physician a "quack" is thus actionable. The same is true of words charging that a physician is "an empiric and a mountebank;" or that "he is no doctor; he bought his diploma for fifty dollars;" or that "he is a quack, and if he shows you a diploma it is a forgery." It is also actionable without proof of special damage, to say of a physician, "He has killed the child by giving it too much calomel;" or "He has killed six children in one year;" or "If Dr. X. had continued to treat S., she would have been in her grave before this time."

On the other hand, it is not actionable without proof of special damage to say: "He is a two-penny bleeder;" or "He is so steady drunk he cannot get business any more." The same is true of words charging a physician with adultery unconnected with his professional conduct.

But it would be otherwise if he had been accused of seducing or committing adultery with one of his patients. It is not actionable to charge one who is not legally authorized to practise physic or surgery or to receive compensation therefrom, with ignorance of the healing art, or with having destroyed human life by misapplied efforts, nor to say of such a person, "He is a quack" or an "impostor."

HENRY GEORGE ON DRUGGISTS' PRICES.

"When I go to a druggist's and buy a small quantity of medicine or chemicals, I pay many times the original cost of those articles, but what I thus pay is in much larger degree wages than profit. Out of such small sales the druggist must get not only the cost of what he sells me, with other costs incidental to the business, but also payment for his services. These services consist not only in the actual exertion of giving me what I want, but in waiting there in readiness to serve me when I choose to come. In the price of what he sells me he makes a charge of what printers call 'waiting time,' and he must manifestly not merely charge waiting time for

himself, but also for the stock of many different things only occasionally called for, which he must keep on hand. He has been waiting there with his stock in anticipation of the fact that such persons as myself, in sudden need of some small quantities of drugs or chemicals, would find it cheaper to pay him many times the wholesale cost than to go farther and buy larger quantities. What I pay him, even when it is not payment for the skilled labor of compounding, is largely a payment of the same nature, as, were he not there, I might have had to make to a messenger. — *National Druggist*.

PAN-AMERICAN MEDICAL CONGRESS.

SECTION OF GYNECOLOGY AND ABDOMINAL SURGERY.

All members of the medical profession are cordially invited to attend the meetings of this section to be held in Washington, September 5th, 6th, 7th, and 8th.

The sessions promise to be exceptionally interesting, many valuable papers having been contributed. Those who may wish to read papers before this section and who have not yet sent in their titles and skeleton abstracts are requested to do so at once.

Papers have already been contributed by the following distinguished gentlemen from the United States and Canada: Drs. T. Johnson Alloway, Montreal, Can.; A. W. Abbott, Minneapolis, Minn.; J. M. Baldy, Philadelphia, Pa.; H. J. Boldt, New York City; Augustus P. Clarke, Cambridge, Mass.; Ernest W. Cushing, Boston, Mass.; Andrew F. Currier, New York City; L. H. Dunning, Indianapolis, Ind.; Geo. R. Deane, Spartanburg, S. C.; W. E. B. Davis, Birmingham, Ala.; Joseph Eastman, Indianapolis, Ind.; Geo. M. Edebohls, New York City; De Saussure Ford, Augusta, Ga.; William Gardner, Montreal, Can.; T. H. Hawkins, Denver, Col.; John R. Haynes, Los Angeles, Cal.; Edw. W. Jenks, Detroit, Mich.; Jos. Taber Johnson, Washington, D. C.; Howard A. Kelly, Baltimore, Md.; Florian Krug, New York City; G. Betton Massey, Philadelphia, Pa.; Lewis S. McMurry, Louisville, Ky.; R. B. Maury, Memphis, Tenn.; Wm. F. Myers, Ft. Wayne, Ind.; E. E. Montgomery, Philadelphia, Pa.; Robert T. Morris, New York City; Chas. P. Noble, Philadelphia, Pa.; Joseph Price, Philadelphia, Pa.; Geo. H. Rohé, Baltimore, Md.; Jas. F. W. Ross, Toronto, Can.; Chas. A. L. Reed, Cincinnati, O.; I. S. Stone, Washington, D. C.; R. Stansbury Sutton, Pittsburg, Pa.; T. Algernon Temple, Toronto, Can.; A. Vander Veer, Albany, N. Y.; W. B. Ward, Topeka, Kan.

BROOKS H. WELLS, W. W. POTTER,
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English-Speaking Secretary.

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MONTREAL, JUNE, 1893.

"THE LUXURY OF EXPERT SURGERY."

The last number of the *Medical Press and Circular* of London contains an editorial under the above heading, in which it is stated that there has been a serious falling off in the amount of work coming to the great consulting physicians and surgeons of the world's metropolis. Two causes are assigned for this state of affairs: one is that the price of the luxury has been too high for the people to indulge in it; and the other that the medical profession is only sharing in the general financial depression which is at present existing all over the world. The latter seems the more reasonable explanation, for it is evident that when business is bad and money is scarce people will forego the luxury of consulting the great operator or consulting physician.

THE GOOD FORTUNE OF THE MEDICAL FACULTY OF MCGILL UNIVERSITY.

We feel that we are not only expressing our own but also the feelings of all those who have at heart the cause of higher medical education, when we offer our congratulations to McGill on its good fortune in now being in the possession of an endowment of over a quarter of a million of dollars, bringing in a revenue of something like fifteen thousand dollars a year. This amount, though it may seem very moderate to some, is sufficient nevertheless to immense-

ly strengthen its resources, for, as is well known, several of the chairs, such as Physiology, Pathology, Chemistry and Hygiene, are so exacting as to demand all the time of their respective professors, precluding them entirely from engaging in practice. On the other hand, the fees from students are not alone sufficient to compensate a man of first rate ability for sacrificing his prospects as a practitioner. McGill's endowment fund now enables her to add enough to the fees to make up a very handsome salary for several of the professors, who are thus enabled to devote the whole of their time to college work, which as a result must be of a much higher order than when performed during the few and far-between spare moments of an active practitioner's life. The mere fact of so many of the chairs being endowed will no doubt draw students from all parts of the continent, while the increased number of students will itself augment the zeal of the professors. It must be very discouraging to the professors of small and unendowed schools to not only lecture year after year to half a dozen students, without fee or reward, as was stated by the dean of one of them at a recent convocation, but even to be assessed at the end of the session for their share of the expenses. It is to be hoped that the friends of Bishop's Medical Faculty will come to her rescue, as did the friends of McGill, and by a liberal endowment place her in a position to do better work, no matter how small the number of students in attendance.

It would be a great pity if, after having so bravely struggled against adversity for over twenty years, she should at last be allowed to die for the want of a fair share of public interest and support.

THE EARLY AND ACCURATE DIAGNOSIS OF DIPHTHERIA.

Every practitioner knows how much anxiety and responsibility is attached to the care of a case of severe sore throat, owing to the doubt whether the disease is merely follicular tonsillitis, simple ulcerated sore throat or malignant diphtheria. When the patient is nearing the end and is evidently about to die, the diagnosis has already become clear, but too late to be of any practical value. When an ac-

cuiate diagnosis would be of most use is during the first twenty-four hours, as we could then treat the case in its true light from the very beginning, and before it has had time to make much headway. But so far, or rather until within a few years, we did not possess any means of making this accurate diagnosis, so that the safest thing we could do was to treat the case as diphtheria until we had proof to the contrary. Then, if the case terminated unfavorably we had nothing to reproach ourselves with, nor could we be reproached by the family for not having recognized the disease in time. On the other hand, if the case proved to be merely sore throat, a great deal of unnecessary alarm was caused, and the family was also put to much unnecessary expense and inconvenience owing to the mistaken diagnosis. In former years the error was unavoidable, simply because a positive diagnosis was impossible.

Now, however, all this is changed. Since the discovery of the bacillus of diphtheria a microscopical examination of the discharge from the throat enables us to say at the very outset and in the most positive manner whether the case is one of diphtheria or not. There is only one objection, though a rather serious one, that very few general practitioners are able to make such an examination, while the few bacteriologists at our disposal are too busy earning their living in general practice or in teaching to spare the necessary time for this work, while from want of organization too much time lapses before the result of their investigation reaches the family doctor. Even these objections have now been disposed of in New York. The Board of Health of that great city, with an enterprise and liberality which should be imitated by every great city in the world, has undertaken to have this important work performed for the practitioner in the most scientific manner and free of charge. All that the family physician has to do is to remove from the affected surface, by means of a cotton swab, material which he is to place on a culture medium provided by the Board, and send it to any one of a large number of conveniently situated designated depositories, one of which is the Board's own laboratory. Within twenty-four hours, or earlier, if he will telephone, he is informed of the Board's

bacteriological examination, when he can at once isolate the patient and take all the other precautions necessary for prophylaxis and cure. The wisdom and economy of this step must commend themselves so forcibly to the Boards of Health of Montreal, Toronto and the principal other cities of Canada, that we may look forward almost with certainty to seeing in the near future a bacteriologist appointed to each of these Boards of Health, and the same facilities for the early recognition of diphtheria offered to the practitioners of the cities of Canada as have been placed at the disposal of the physicians of New York.

PROSTATIC HYPERTROPHY.

This is a subject which from a very early period of surgical literature has excited a great deal of interest. Desault in 1813, Home 1818, Wilson 1821, Sir Astley Cooper in 1824, Amussat in 1832, Mercier in 1841, Civiale in 1858, and Gross in 1855, and a host of modern writers, have written extensively on enlargement of the prostate. Until recently, however, no one seems to have had very clear ideas as to the cause and nature of the disease. And yet if we examine into the anatomy and physiology of the organ we shall have but little difficulty in understanding the etiology and pathology. It must be distinctly understood that although the prostate is situated in the neighborhood of the bladder, it has nothing whatever to do with the urinary apparatus. It is true that its peculiar situation around the outlet of the bladder causes hypertrophy of the prostate to interfere with the emptying of the viscus, yet this is merely an accident of locality; the prostate is a gland belonging distinctly to the sexual apparatus, apart from which it has no function whatever. This is clearly demonstrated by its atrophy in eunuchs and geldings, and its comparatively small size prior to puberty. It is composed of three elements; first and most important, it consists of a bunch or series of bunches of acinous glands held together by a network of fibrous tissue and surrounded by bundles of muscular fibres. Of these the most essential elements are, of course, the glands to manufacture the secretion, and the muscles to expel it.

Over stimulation of the organ either by gratified or still more by ungratified sexual

excitement will evidently lead to glandular hypertrophy; while the more the muscular fibres contract, or in other words the more work they have to do, the more powerful and enlarged do they become, thus explaining the hypertrophy of the muscular element. The great increase in the fibrous tissue found in prostatic hypertrophy is due not so much to active as to passive congestion. This is made more clear by comparing the prostate with the uterus, which latter organ as a rule atrophies at the beginning of old age, but which in exceptional cases, on the contrary, hypertrophies whenever from any cause the venous circulation is interfered with. This may arise through constipation or tight lacing, or some displacement of the organ itself which presses on the veins which empty it of blood. In such cases there is a general increase of areolar tissue, and in others there is a local deposit of exudation tissue around the bloodvessels known as fibroid. There seems to be no good reason why the same conditions of obstruction of the venous circulation of the prostate by constipation or enlargement of the liver or disease of the heart should not produce the same effect upon the fibrous elements of it. As a matter of fact we do find fibroids in the prostate, and enlargement of the organ is almost always associated with constipation or other cause of obstruction, while distension of the hemorrhoidal veins from the same cause is a very usual concomitant. According to Lydston, it will be found by careful rectal examination of men from the age of twenty and upwards that a prostate which is perfectly normal in size, consistency and sensibility is the exception rather than the rule. The fact that prostatic hypertrophy is so rare in animals and so common in man is explained by the fact that man abuses his sexual apparatus which animals rarely do, only using them when a female requires fecundation, while men use them for the purpose of gratification long after his mate has been impregnated. From the consideration of these facts it is evident that enlargement of the prostate, while a very distressing disease, is a wholly preventable one. The avoidance of masturbation in early life and of undue excitement or gratification during middle age, together with the avoidance of constipation, enlargement of the liver and other causes of venous obstruction at any time would no doubt in due time render

enlargement of the prostate a disease of the past.

As far as treatment is concerned, once the disease has become established, first and foremost comes the regulation of the bowels; then the administration internally of vasomotor tonics, such as ergot and strychnine, the former of which especially we have known more than once to produce excellent results. Electricity in the form of the constant current, with one pole in the rectum and the other in the bladder so as to include the enlarged organ in its circuit, has proved of use, while as a last resort we can fall back upon prostatectomy, which so far has too high a death rate to warrant us in recommending it very strongly. Greater experience and the earlier resort to operation may yet place this surgical procedure on as sound a basis as the corresponding operation of hysterectomy.

THE PAN-AMERICAN MEDICAL CONGRESS.

OFFICE OF THE SECRETARY GENERAL,
311 Elm Street.

Cincinnati, April 2, 1893.

The Executive Committee of the First Pan-American Medical Congress promulgates the following information:

1. The First Pan-American Medical Congress will be opened under the presidency of Prof. William Pepper, M.D., LL.D., president of the University of Pennsylvania, at Washington, D.C., September 5th, and will adjourn September 8, 1893.

2. The countries officially participating in the Congress are restricted to Argentine Republic, Bolivia, Brazil, British North America, British West Indies (including B. Honduras), Chili, Dominican Republic, Honduras (Sp.), Mexico, Nicaragua, Paraguay, Peru, Salvador, Republic of Colombia, Republic of Costa Rica, Ecuador, Guatemala, Haiti, Kingdom of Hawaii, Spanish West Indies, United States, Uruguay, Venezuela, Danish, Dutch and French West Indies.

Distinguished representatives of the profession from other countries are expected to be present as guests and to participate in the proceedings.

3. The general sessions will be limited in number, one for opening and one for closing the Congress, being all that will be held, unless some necessity arises for a change in this particular.

This arrangement will permit members to em-

ploy all of the time in the scientific work of the sections, which are as follows:

(1) General Medicine, (2) General Surgery, (3) Military Medicine and Surgery, (4) Obstetrics, (5) Gynecology and Abdominal Surgery, (6) Therapeutics, (7) Anatomy, (8) Physiology, (9) Diseases of Children, (10) Pathology, (11) Ophthalmology, (12) Laryngology and Rhinology, (13) Otology, (14) Dermatology and Syphilography, (15) General Hygiene and Demography, (16) Marine Hygiene and Quarantine, (17) Orthopædic Surgery, (18) Diseases of the Mind and Nervous System, (19) Oral and Dental Surgery, (20) Medical Pedagogics, (21) Medical Jurisprudence, (22) Railway Surgery.

The evenings will be devoted entirely to social features, the detailed announcements of which will be made by the Committee of Arrangements.

4. Membership is limited to the members of medical profession of the Western Hemisphere, including the West Indies and Hawaii, who shall either register at the meeting or shall serve the Congress in the capacity of foreign officers. No membership fee will be accepted from any member residing outside the United States. The membership fee for residents of the United States is ten dollars (\$10.00). All registered members will receive a copy of the transactions. Prominent students of the allied sciences will be cordially received as guests and as contributors to the proceedings upon invitation by the Executive Presidents of sections. Ladies' tickets will be issued upon application to registered members only, and will entitle the holders to reduced fare and to admission to all entertainments. *Physicians of the United States should register at once, by remitting \$10.00 to Dr. A. M. Owen, treasurer, Evansville, Indiana.*

5. Papers are solicited, the hope being entertained that the programme will be largely taken up with contributions from outside the United States. Papers may be read in any language, but a copy must be furnished for publication in either Spanish, Portuguese, French or English, and must not occupy more than twenty minutes in reading. An abstract not exceeding six hundred words must be furnished the Secretary-General in one of the above four languages, by not later than July 10th.* Abstracts will then be translated by the Literary Bureau into the three remaining languages, and will be published in book form before the meeting of the Congress.

6. The Congress of the United States has adopted a joint resolution whereby all the Governments of the Western Hemisphere have been invited by the President to send delegates to the First Pan-American Medical Congress, and has appropriated a liberal sum for the purposes of entertainment.

7. The reduced fare offered by all trans-

portation companies on the occasion of the World's Columbian Exposition to be held in Chicago will be open to all persons attending the Pan-American Medical Congress. The Committee of Arrangements will endeavor to secure still greater reduction to members travelling between Chicago and Washington, and an effort will be made to arrange either excursions or circular tours for those who may desire to visit the great universities of the United States. All such arrangements are open to subsequent announcement.

8. By arrangement with the Committee at Rome, the date of the Eleventh International Medical Congress has been so appointed that those who attend the meeting of the Pan-American Medical Congress may subsequently attend the former. The Pan-American Medical Congress will adjourn on the afternoon of September 8th; a steamship will sail from New York on the following day, going by the Azores and Gibraltar, and enabling the tourist to reach Rome on the morning of September 20th, where the Eleventh International Congress will be opened on the afternoon of September 24th. It will thus be seen at a glance, that in the period usually allotted to a summer vacation, the medical tourist may spend a week at the World's Columbian Exposition, the next week at the Pan-American Medical Congress, the next week-and-a-half with delightful companions in a voyage to the Mediterranean, the next few days in witnessing the sights of Rome, and the following week at the eleventh International Medical Congress. Special reduced rates for members and their families are given both ways on the trip to Rome, particulars of which will be furnished on application to the Secretary-General, 311 Elm Street, Cincinnati, Ohio, who is also a member of the American Committee of the Eleventh International Congress.

9. The best possible arrangements will be made with the excellent hotels with which the National Capital is abundantly supplied. The Committee of Arrangements will do its utmost to secure desirable rates and locations for members and their families. The headquarters of the Committee of Arrangements is at the Arlington Hotel, where communications may be addressed either to Dr. Samuel S. Adams, Chairman, or Dr. J. R. Wellington, Secretary.

10. Copies of the Official Announcement of the Congress, containing the Regulations and the names of all officers and committeemen of the General Congress and of the various sections, and residing in the various countries, may be obtained upon application to the Secretary-General, or to either of the members of the International Executive Committee, as follows:

Argentine Republic, Dr. PEDRO LAGLEYZE, Calle Artes 46, Buenos Ayres; Bolivia, Dr.

Emilio di Tomassi, Calle Ayacucho 26, La Paz ; British West Indies, Dr. James A. de Wolf, Port of Spain ; British North America, Dr. James F. W. Ross, 481 Sherborne, Toronto ; Chili, Dr. Moises Amaral, Facultad de Medicina, Santiago ; Costa Rica, Dr. Daniel Nunez, San Jose ; Dominican Republic, Dr. Julio Leon, Santo Domingo ; Ecuador, Dr. Ricardo Cuacalon, Guayaquil ; Guatemala, Dr. Jose Monteros, Avenida Sur No. 8, Guatemala City ; Haiti, Dr. T. Lamothe, Rue du Centre, Port au Prince ; Hawaii, Dr. John A. McGrew, Honolulu ; Honduras (Spanish), Dr. Geo. Bernhardt, Tegucigalpa ; Mexico, Dr. Tomas Noriega, Hospital de Jesus, Mexico ; Nicaragua, Dr. J. I. Urtecho, Calle Real, Granada ; Paraguay — ; Peru, Dr. Manuel C. Barrios, Facultad de Medicina, Lima ; Republic of Colombia, Dr. P. M. Ibanez, Calle 5a Numero 99, Bogota ; Salvador, Dr. David J. Guzman, San Salvador ; Spanish West Indies, Dr. Juan Santos Fernandez, Calle Reina No. 92, Havana ; United States of America, Dr. A. Vander Veer, 28 Eagle Street, Albany, N.Y. ; United States of Brazil, Dr. Carlos Costa, Rua Largo da Misericordia 7, Rio de Janeiro ; Uruguay, Dr. Jacinto de Leon, Calle de Florida No. 65, Montevideo ; Venezuela, Dr. Elias Rodriguez, Caracas.

By the Executive Committee,

CHARLES A. L. REED,
Secretary-General.

THE PAN AMERICAN MEDICAL CONGRESS.

The Section in Marine Hygiene and Quarantine has been organized as follows. Honorary presidents : Dr. Lino Alarco, Lima Peru ; Dr. Henry B. Baker, Lansing, Mich. ; Dr. Cardenas, Managua, Nicaragua ; Dr. J. J. Cornilliac, St. Pierre, Martinique, F. W. I. ; Dr. Felix Formento, New Orleans ; Dr. H. B. Horbeck, Charleston ; Lieutenant-Colonel Amalio-Lorenz, Sub-inspector of second class Spanish Navy, Havana ; Dr. F. Montizambert, Quebec, Canada ; Dr. Francisco Nunez, St. Tecla, Salvador ; Dr. Juan Oriego, Guatemala, Guatemala ; Dr. Joseph Y. Porter, Jacksonville, Fla. ; Dr. John Pringle, Kingston, Jamaica ; Dr. Juan J. Unoa, San José, Costa Rica ; Dr. J. Mills Browne, Surgeon General, United States Navy. Executive president : Dr. Walter Wyman, Surgeon General, United States Marine-Hospital Service, Washington. Secretaries : Dr. S. T. Armsstrong (English-speaking), 166 West Fifty-fourth Street, New York ; Dr. G. M. Guitéras (Spanish-speaking), United States Marine-Hospital Service, Washington. Advisory Council : 1. H. M. Biggs, New York city ; Dr. John C. Boyd, United States Navy ; Dr. H. R. Carter, Norfolk, Va. ; Dr. W. M.

L. Coplin, Philadelphia ; Dr. A. G. Clopton, Galveston, Texas ; Dr. C. G. Currier, New York ; Dr. S. Durgin, Boston ; Dr. Seneca Egbert, Philadelphia ; Dr. George Homan, St. Louis ; Dr. W. T. Jenkins, New York ; Dr. J. F. McShane, Baltimore ; Dr. G. H. F. Nuttall, Baltimore ; Dr. S. R. Olliphant, New Orleans ; Dr. Dabney Scales, Mobile ; Dr. R. M. Swearingen, Austin, Tex.

The executive president desires to call the attention of all members of the medical profession that are interested in the topics pertaining to this section to the regulation of the Congress that contributors are required to forward, not later than July 1st, to the secretary of the section, abstracts, not to exceed six hundred words each, of the papers they propose to present before the section.

The topics that will be considered by this section are as follows : 1. The hygiene of vessels, commercial or naval, including the questions of ventilation, heating, sanitary arrangements, the disposal of cargo so as to facilitate disinfection, food supply, etc. 2. The medical officers of passenger vessels ; methods for their selection, duties, etc. 3. The vital statistics of seamen and firemen. The question of the medical examination of crews preparatory to shipping. 4. The supervision of vessels by government medical inspectors at ports of arrival and of departure. Code of rules for handling an epidemic disease that breaks out on shipboard. Disinfection of passengers and crew during a voyage. Location and arrangement of ships' hospitals. 5. Epidemic and exotic diseases propagated by shipping. What diseases should be quarantined. Responsibility of nations for epidemics ; India for cholera, South America for yellow fever. Can a feasible plan be devised to totally exterminate cholera ? International intervention to prevent the propagation of cholera or other epidemic diseases by pilgrimages or immigration. 6. International uniformity in quarantine regulations. Should quarantine officers be notaries public ? 7. Arrangement of detail and equipment of quarantine stations : *a*, inspection stations ; *b*, local quarantine stations ; *c*, refuge stations. Methods for handling infected or suspected vessels. Interstate and inland quarantine : sanitary cordons ; camps of refuge ; camps of probation. Recent improvements in hospitals for infectious diseases. Railroad inspection and quarantine. Length of time vessels should be held in quarantine. Conditions that should determine proclamation of quarantine against a country. Under what requirements may passenger traffic be carried on between a port infected with yellow fever and a Southern port of the United States during the summer with the least obstruction to such traffic ? What merchandise should be considered as requiring treatment if shipped from a port or

place infected with cholera, yellow fever, or small-pox? 8. Methods of disinfection: *a*, persons; *b*, baggage; *c*, cargoes; *d*, vessels. Recent improvements in quarantine appliances; steam chamber sulphur furnaces. Liquid sulphur dioxide as a disinfectant. Treatment of ballast: water, solid. What time should an infected vessel be detained in quarantine? *a*, for cholera, *b*, for small-pox; *c*, for typhus fever; *d*, for plague; *e*, for yellow fever. Methods of disposal of the bodies of those that die while in quarantine.

BOOK NOTICES.

HYDROTHERAPY AT SARATOGA. By Dr. J. O. Irwin. Cassel Publishing Co.

The author says the purport of his work is to establish among educated readers a correct and unprejudiced valuation of mineral waters generally and those of Saratoga particularly. In this he has succeeded remarkably well. We are heartily in accord with him when he says a few weeks sojourn at the seaside or at some inland health resort has become to Americans a national necessity. The average city man of to-day can hardly be considered healthy. If seldom absolutely sick, he is quite often a little under the weather, and he is constantly taking medicine as his forefathers never did. Now it is a quinine pill to brace up on or to combat a latent malaria; now some antipyrine or phenacetine for a cold or headache; now some pepsine or a cathartic for stomach or bowels, and so on. Why is this so? Because of his own imprudence: his hurrying, restless nerve-straining life, constant high pressure, too many bracers, irregular meals, eating too much and chewing too little; but always ready to sacrifice the requirements of nature on the insatiable altars of business or pleasure. Such a one walks upon the edge of a precipice from which he cannot be induced to tear himself away; but he is often willing to postpone the inevitable crash which even he knows is bound to come sooner or later in the form of cirrhosis, Bright's disease or some miserable neurosis by giving his system a complete renovation at least once a year.

For this purpose a visit to some bright summer resort is just what he needs, and none on this hemisphere offers as wide advantages as Saratoga. The book thoroughly explains the source of mineral waters, and explains why they should be drunk fresh from their source. It is our candid opinion that both physicians and their patients might be saved from early breaking up by a yearly sojourn at this perhaps the finest Spa in the world. The book may be ordered through any bookseller.

AN INTRODUCTION TO THE STUDY OF DISEASES OF THE SKIN. By P. H. Pye-Smith, M.D., F.R.S., F.R.C.P., Physician to the Department of Cutaneous Diseases in Guy's Hospital, London. In one handsome 12mo. volume of 407 pages with 28 illustrations, 18 of which are colored. Cloth \$2. Philadelphia, Lea Brothers & Co., 1893.

As physician to the Department of Cutaneous Diseases in one of the largest London hospitals, the author has had ample experience in dealing with diseases of the skin, and he is well known in connection with the subject by reason of his frequent contributions to its literature. The present volume presents in compact and convenient form an epitome of dermatology, and it will gain in esteem and utility from the fact that its author is no less distinguished as a general practitioner than as a dermatologist. The volume closes with a section of formulas which will prove suggestive and useful to all who meet in practice with this troublesome class of disease.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M.D., Instructor in Laryngology and Lecturer on Diseases of the Upper-Air Passages in the University of Pennsylvania. Fourth edition, thoroughly revised and greatly enlarged. Illustrated with two lithographic plates containing ten figures and one hundred and seven wood engravings. Philadelphia, Lea Brothers & Co., 1893.

Dr. Seiler is so well known as a thorough master of this subject, that but little more need be said than that he has in the present volume done full justice to it. The work is not large, but owing to the judicious arrangement of its contents it is very complete. It contains 412 pages and in duo decimo size. We are greatly indebted to the publishers for bringing this valuable work within the means of both students and practitioners.

BIBLIOTHÈQUE GÉNÉRALE DE PHYSIOLOGIE. Le Nicotinisme: Etude de Psychologie Pathologique, par le Dr. Emile Laurent, ancien interne à l'Infirmierie Centrale des Prisons de Paris. Avec dix portraits hors texte. Paris, Société d'Éditions Scientifiques, 4, Rue Antoine-Dubois; 1893.

We have always considered it as a misfortune for the public that those to whom they go for advice are very often under the abject dominion of those vices which are sometimes, nay often, the sole cause of their disease. For instance, a man with tobacco amaurosis consults an oculist who is a heavy smoker himself: is the latter at all likely to tell his patient the true cause of his disease? Not that we for a moment doubt

the oculist's sincerity ; we simply maintain that a man who derives great pleasure from smoking opium or tobacco is not an impartial judge of their harmfulness. If there is any medical man who doubts whether tobacco is injurious to the health, he can hardly remain in the condition after having carefully read Dr. Laurent's work. It deals exhaustively with the subject, containing chapters not only on the effects of tobacco on the health of the body, but also on its effects on the health of the mind, and on the relation of tobacco to alcoholism. The tone of the work, however, is exceedingly impartial and moderate.

SURGICAL DISEASES OF THE OVARIES AND FALLOPIAN TUBES. including Tubal Pregnancy, by T. Bland Sutton, F.R.C.S., Assistant Surgeon to the Middlesex Hospital, late Hunterian Professor and Erasmus Wilson Lecturer Royal College of Surgeons, England ; with 119 engravings and 5 colored plates. Philadelphia : Lea Bros. & Co., publishers.

The work consists of four parts : Part I, Diseases of the ovaries, including two chapters on diagnosis : one on morbid conditions of the broad ligament and one on treatment.

Part II is devoted to diseases of the Fallopian tubes, including chapters on tubo-ovarian abscess, tuberculosis and actino-mycosis of the ovary and Fallopian tube ; the diagnosis of salpingitis and the treatment of this and oophoritis. At page 30, he says the treatment of the early stages of salpingitis is very simple, yet it is not too much to state that if more attention were directed to this disease at its commencement, many women would be saved much subsequent pain and misery.

When the mucous membrane of the tubes has become seriously damaged, the tube itself fixed by adhesions to surrounding structures, the ovary involved in the inflammation and the lumen of the tube occluded, then drugs are of little avail. In pyosalpinx and tubo-ovarian abscess, hydrosalpinx tubercular salpingitis and ovarian abscess the most radical measures—namely, removal—are the only ones he says which give any satisfactory result either to the patient or the physician.

Part III is directed to tubal pregnancy. The author says that he has attempted to assist Mr. Lawson Tait in his useful iconoclastic endeavor to overthrow the ridiculous notions taught concerning the pathology of extra uterine pregnancy. The time is not far distant he thinks when even teachers of midwifery will wonder how they ever could have believed that an impregnated ovum would grow upon the peritoneum. This of course refers to the generally accepted view that all intra-uterine pregnancies

are primarily tubal, and when a fetus is found in the peritoneal cavity it can only have got there after rupture of the tube.

Part IV treats of the methods of performing operations for ovarian and tubal diseases. It contains chapters on ovariectomy, oophorectomy, irrigation and drainage, the risks and sequelæ of ovariectomy and allied operations, and the effects of the removal of the ovaries on the secondary sexual character of women.

Unusual care has been expended upon the illustrations, which are nearly all original. The author has introduced the plan of substituting words for reference letters, which allows the reader to understand the drawing at a glance, and thus to save the time required to refer to the letters or figures. The work is written in a simple and straightforward style, and is quite free from the egotism of the average specialist. The leading topics are printed in heavy type, the book is handy in size, the print is clear and the paper good ; all of which, however, goes without saying when we know that it has emanated from the establishment of Messrs. Lea Bros. & Co. It may be had from any bookseller.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY, by various authors. Edited by Prince A. Morrow, A.M., M.D., Clinical Professor of Genito-urinary Diseases, formerly Lecturer on Dermatology in the University of the City of New York, Surgeon to Charity Hospital, etc. With illustrations. In three volumes. Vol. I. Genito-Urinary Diseases. New York, D. Appleton & Company, 1893.

This is a magnificent work of nearly eleven hundred pages, being the first of the series of three volumes. We feel safe in saying that it will be, when completed, the most complete treatise that has ever appeared on these subjects in any language. It is the results of the labors of no less than thirty-two of the leading specialists of America on these subjects. The field of research in every department of Medicine has grown so large that it is hardly possible for any one individual to carefully sift from the mass of new material accumulated by the great body of workers the facts and opinions which represent a distinct advance in our knowledge and have a definite and permanent value. The editor, therefore, has enlisted the services of a great many distinguished writers, each of whom is an authority on his subject. The work is thoroughly practicable and adapted to the wants of the general practitioner as well as the specialist. The subject of diagnosis and treatment are represented fully and explicitly. We notice in this volume several chapters not usually found in text works on genito-urinary diseases, but of great practical

interest and value. Such, for instance, as one on functional disorders of micturition and their relations to many morbid states, the diagnostic significance of pathological modifications of the urine, urine analysis, genito urinary tuberculosis. In addition, there are complete chapters on endoscopy and cystoscopy. Among the many contributors we notice Lustgarten, who has a chapter on the Etiology of the Urethrites, Chronic Gonorrhœa, or Gleet; Stricture of the Urethra, by J. William White; Surgical Diseases of the Kidney, by Lewis A. Stimson; Diseases of the Testicle, by Dr. James Bell of Montreal; Functional Disorders of the Male Sexual Organs, by Prince A. Morrow; while the volume ends with a very interesting article on Gonorrhœa in the female, by Andrew F. Currier, of New York. The work is profusely illustrated with eight magnificent chromo-lithographs, while there are about three hundred other half-toned pictures executed in the best and most artistic manner, forming an attractive feature of the work, and serving a valuable purpose in the elucidation of the text. It would be difficult to give an adequate idea of the thoroughness of the work, it may be imagined. We may state that there are no less than ten pages in the index. Like all the publications of the Messrs. Appleton, it is a model of the book-maker's art. Any one desiring to possess the most modern and in every way the most valuable work that we have ever seen on genito-urinary diseases, should communicate at once with D. Appleton & Co., New York.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M.D., Secretary of Staff. 626 octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and best *résumé* of Medical Progress yet offered.

Part I. comprises the New Remedies, together with an extended Review of the Therapeutic Progress of the Year.

Part II., comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the year's

work, with several Original Articles by eminent authorities.

The third—and last—part is made up of miscellaneous articles, such as Recent Advances in Sanitary Science; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times, with reference to the medical literature of the world. Price, the same as in previous years—\$2.75.

DIET FOR THE SICK. By Miss E. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit; to which has been added Complete Diet Tables for various diseases and conditions, as given by the highest authorities. Detroit, Mich., The Illustrated Medical Journal Co., Publishers. Paper, 74 pages. Price, post-paid, 25 cents; 6 for \$1.00.

This little book is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent; the receipts being favorite ones, in use daily in the hospitals wherein the authors are employed. To this has been added the various authorized Diet Tables for use in Anæmia, Bright's Disease, Calculus, Cancer, Chlorosis, Cholera Infantum, Constipation, Consumption, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Nervous Affections, Obesity, Phthisis, Rheumatism, Uterine Fibroids. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

PAMPHLETS RECEIVED.

PRACTICAL EXPERIMENTS in the Treatment of Cholera in St. Petersburg, Russia, and Hamburg, Germany, in the Epidemic of 1892. By Elmer Lee, A.M., M.D., Ph.B., Chicago, Ill., Member of the American Medical Association; Fellow of the American Academy of Medicine; Member of the Chicago Medical Society, Member of the Committee of Revision of the U. S. Pharmacopœia, 1890, etc. Reprinted from the *Medical Record*, December 17, 1892. New York: Trow Directory Printing and Book-binding Co., 201-213 East Twelfth Street, 1893.

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Original Communications.

SOME OBSERVATIONS UPON THE NATURE, SYMPTOMS, AND TREATMENT OF THE PRE-TUBERCULAR STAGE OF PULMONARY CONSUMPTION

BY

F. M. R. SPENDLOVE, M.D.

Disease may be said to have three different methods of expressing itself: First, by alteration of function without appreciable alteration in structure; second, by alteration in structure, but of a temporary nature only, the parts returning to their normal condition upon the removal of the cause; third, by alteration in structure of a permanent character, the affected part being unable to return to a normal state.

Pulmonary consumption may be taken as a type of a disease which passes through

all the different phases by which disease in general expresses itself. It is not the object of this paper to follow the disease through its whole course, but to direct special attention to those alterations in function, which invariably precede the local lesions—the pre-tubercular stage.

An endeavor will be made to show: 1, the origin and nature of these “shadows of coming events;” 2, that they can be easily recognized by symptoms both subjective and objective; 3, that their removal is easily affected, and that the same lines of treatment adopted for their removal gives the best results yet attained in the treatment of the disease when already established.

I. *Causes.*—As to the nature and origin of these disturbances of function constituting the pre-tubercular stage, it is the object of this paper to show that flesh food leaves an amount of nitrogenous waste in the circulation, which, by increasing arter-

rial tension, pulse rate and temperature, induce degenerative changes in the capillary system by which the "internal respiration" of the tissues is interfered with, and as a result a disturbance of their function leading to the initial lesions characteristic of pulmonary consumption.

In order to show reason for the faith that is within us, recognized authorities in anatomy, physiology, pathology and therapeutics, will be laid under heavy contribution. "The cells of which the higher organisms are composed live in the inter-cellular fluid or lymph which bathes them. This nutritive fluid is continually being removed by fresh supplies exuding from the blood vessels into the lymph spaces which surround the cells, the excess being removed by absorption, either by the veins or lymphatics. Besides this, an interchange of gases and of solids (internal respiration) takes place by diffusion between lymph and blood. It is only while the blood is passing through the capillaries that this interchange between the blood and the lymph (this internal respiration) can take place."

(1) The healthy function of an organ, therefore, depends, in a great measure, upon the integrity of its capillaries."

Animal food has long been recognized by those who have given the subject their careful attention as an active agent in inducing high arterial tension and its consequent degenerative changes in the vascular system. In reference to this point, Fothergill states: (2) "Azotized foods furnish the materials for our tissues, for whose removal they are required. But this is much less than is supposed, and tissue repair requires but a comparatively small part of our plastic food. The rest of the peptones, which are produced in each act of digestion, are split up, in the liver, into glycogen and nitrogenous waste. All, or almost all, of this nitrogenous waste is superfluous. The

"consequences of the blood being highly charged with these waste products are high arterial tension, hypertrophy of the muscular walls of the arterioles and left ventricle."

In consequence of this high arterial tension the blood escapes with greater difficulty from the arteries into the veins, (3) thus interfering with the interchange of gases and solids (internal respiration) between the blood and lymph.(4)

The influence of non-nitrogenous foods in lowering blood pressure has received the attention of those high in authority. Prof. Parkes, as a result of his observations upon this subject, states: (5) "A non-nitrogenous diet is followed by a lowered blood pressure, a diminished arterial tension perceptible within twenty-four hours after commencing the diet."

The influence of animal food in increasing the heart's action is well known. Lady Paget, in her article in the *Nineteenth Century* for April, 1892, (6) states: "While the meat-eater's heart has seventy-two beats in the minute, the vegetarian's has only fifty-eight; therefore, 20,000 beats less in twenty-four hours."

That the temperature in those who abstain from meat should be lower than in the meat-eater is to be expected from the lesser frequency of the heart's action in the former. The decrease appears to correspond with the pulse rate, being from one-half to one and a half degree below the average in the meat-eater. It is a little lower in the summer than in the winter, probably on account of the diet containing a larger proportion of acid fruits during the summer months. Digestion also influences it slightly, it being about half a degree higher while the process is going on. In observations upon vegetarians extending over a period of three years, the average has been about 97° with a pulse rate of sixty. It will be seen from these facts that, from high

arterial tension, the natural equilibrium between the internal and external pressure is disturbed, capillary stases and exudation take place most frequently in the line of the least resistance, that is, where the smallest amount of external pressure is exerted upon the capillary system: viz., the lungs, serous and mucous membranes.

The peculiar arrangement of the circulation in the lungs is probably one of the chief reasons, next to their glandular structure, why these organs are more frequently the seat of tubercular disease. Their nutrient arteries have no veins. Their blood is re-aëated where they do their work, and finds its way into the venous radicles of the pulmonary vein as arterial blood. (7) Stasis in the pulmonary capillaries reacts upon the mucous membrane of the true respiratory system, inducing hyperæmic, desquamation of epithelium, and exudation.

Now, as to the question, why do we have from the same cause, viz., high arterial tension and pulmonary stasis, an exudation, which in the one case results in a chronic fibroid, and in the other an acute tubercular consumption, two diseases differing in their course, symptoms, physical signs and termination, having nothing in common beyond the fact that both are wasting diseases and both affect the same organs,—the lungs.

Our present knowledge upon this subject may be summed up in the one word, *temperament*. Divide the human family into two classes. In one class, place all those having an excess of carbon in the composition of their tissues, and characterized physically by dark hair, dark skin, angularity of figure, languid circulation,—call these, in lieu of a better name, the lymphatic temperament. The exudation in individuals of this temperament will, irrespective of treatment, have a strong tendency to take on a fibroid character.

In the second class, place all those characterized by light or brown hair, florid complexion, rotundity of figure, active circulation, having an excess of oxygen in the composition of their tissues, call these the sanguine temperament. The exudation will, in individuals of this temperament, often regardless of all known therapeutic measures, early become tubercular, run a rapid course terminating fatally—acute tubercular phthisis. These are the extremes, combinations exist, as the lymphatico-sanguine and the sanguinolymphatic in which the exudation will be modified accordingly.

II. *Symptoms*.—The cells composing the higher organism when deprived of oxygen do not all die at the same time; some are able to live longer without fresh supplies of oxygen than others. (8)

As in the death of the cells, so in the disturbance of their function from impaired nutrition, they are not all equally affected. The higher nerve centres are the first to suffer usually in the following order:—

Intellection.—There is disinclination and incapacity for continued mental effort, the mind is easily confused, forgetfulness, despondency, and annoyance at little things are common. Sleep is disturbed; in the early stages a desire and ability to sleep at all hours, and especially after meals, later insomnia is a marked and almost constant feature.

Special Senses.—The eyes are early affected, they are weak, becoming painful and injected on using them but for a short time. Partial deafness and tinnitus aurium are frequent, more so in the lymphatic, while the eye affections are more common in the sanguine temperament.

Vaso motors.—Through their irregular action, morbid flushings are common, these do not, as a rule, appear at the time of effort or emotion,—pallor is more common then, but they follow after, when the ten-

sion is somewhat relaxed and the capillaries have had time to dilate. Excessive perspiration, especially of the hands and feet, is of frequent occurrence. Those in whom the blood contains a large amount of nitrogenous waste seldom perspire freely, the surface becomes hot, dry and painful on exposure to heat.

Nerve Fibres.—Numbness, prickling and cramps in the extremities are common, as are also neuralgic pains in various parts of the body; the latter are usually increased by climatic changes.

The symptoms referable to the digestive organs vary somewhat with the temperament. In the lymphatic, they are those usually accompanying deficient secretion; in the sanguine, those of hyper-acidity. The surface of the tongue gives early and important information. In the lymphatic temperament, the surface is usually fissured; at first these may be but few in number, situated on each side of the median raphé, and running at right angles to it; later, the surface may be traversed in every di-

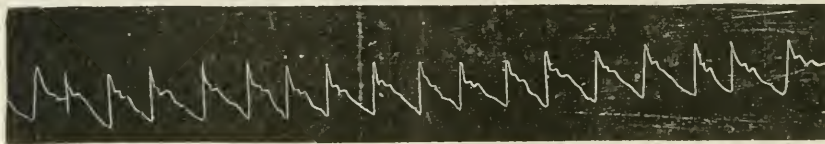
rection by these fissures, which may be of considerable depth. At the same time the papillæ disappear, the surface becoming smooth and shining. The stippled tongue of Dickenson is observed in this temperament.

In the sanguine, the tongue is rarely fissured, the surface is covered with a greyish white coating, the papillæ enlarged, and projecting through the coating as minute red points, the whole resembling somewhat the "strawberry and cream" tongue of scarlatina.

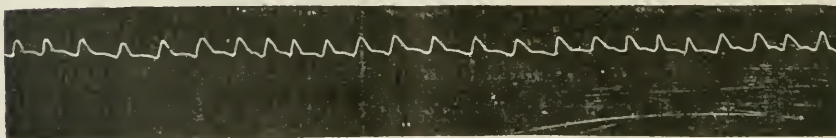
Naso-pharyngeal catarrh is common in both temperaments. The characteristic pulse of high arterial tension is described by Ringer (9) quoting Dr. Broadbent as follows: "The pulse is often so slight that it might be mistaken for a weak pulse, but its incompressibility prevents falling into this error. It can be compressed only by using considerable force. It is, in fact, a slightly pulsable pulse, for owing to the high arterial tension the vessels with each beat of the heart undergo but little dilatation, hence the pulsation is indistinct."



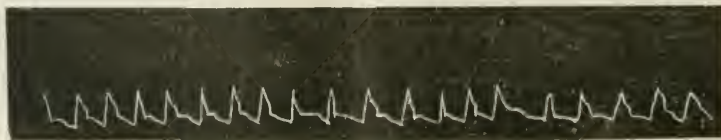
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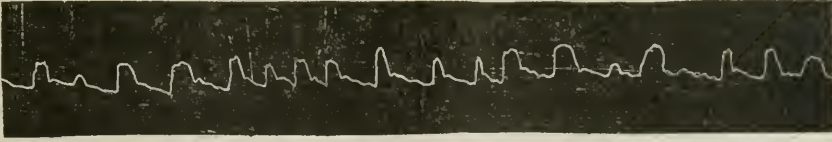
No. 2.



No. 3.



No. 4.



No. 5.

Sphygmographic tracing No. 1 is from the radial artery in a young man, twenty-one years of age, in whom meat food entered largely into his dietary. Contrast with No. 2 from a young man of the same age, who has never eaten meat. The indistinct pulsations of the former are in marked contrast to the latter.

No. 3 is from a gentleman about sixty years of age, lymphatic temperament, sedentary habits, a large consumer of animal food, has fibroid lung. The pre-tubercular stage was well marked and of considerable duration.

No. 4 is from a gentleman fifty-four years of age, who has not eaten meat for thirty years, and during that time he has not lost a day from professional duties on account of illness. He is now in perfect health.

No. 5 is from a person past middle life, in whom evidences of arterial degeneration are well marked, the diet containing about an average proportion of flesh food, with but little active exercise.

As is to be supposed from the high tension, the watery constituents of the urine are in excess. The quantity is rather above the normal, sp. gr. low, sometimes down to 10.02; no albumen nor sugar. Micturition is frequent as a rule, and not always wholly under the control of the will.

In the sanguine temperament with its excess of oxygen, there is greater functional activity of all the organs and the disturbances of nutrition preceding the initial lesions of pulmonary consumption are characterized by greater activity and the stage of shorter duration than in the lymphatic.

In this temperament, slight attacks of fever coming on at irregular intervals is

the connecting link between this stage and the tubercular lesions, while in the lymphatic, mental depression, impure air and local causes are important factors in causing the pulmonary exudation constituting the fibroid variety of the disease.

It is not the object of this paper to show that this stage or these symptoms are of themselves *per se* sufficient to cause consumption. In some cases, and with proper care, individuals in whom many of the symptoms constituting the pre-tubercular stage are well marked may live to old age. In others it may show itself in almost any form of organic disease, according to the exciting causes; but the point to be emphasized is this: that pulmonary consumption, except in a few instances in which it follows immediately after some acute disease, as typhoid fever, is always engrafted, so to speak, upon this group of symptoms, which, taken together, constitute the pre-tubercular stage.

III. *Treatment.*—The indications for treatment are the same in all stages—pre-tubercular, fibroid, tubercular, viz.:

1. To restore the circulation to a normal condition by reducing arterial tension;
2. To keep the air cells dilated and the air passages aseptic;
3. To treat constitutional conditions according to their special indications. The first indication cannot be carried out successfully by drug medication alone. The elimination of all flesh foods and broths from the dietary is an absolute necessity to obtain certainty in results.

Both the medical and lay mind are so wedded to the idea that flesh food in some form is essential to the health and well being of the individual, that in some

cases it is found practically impossible to successfully carry out this part of the treatment.

Permission to eliminate meat from the diet of the patient is only given by the medical attendant after a severe struggle; but when it comes to beef tea and broths, to suggest a separation of these from the sick room is rank heresy, and is to be put down with a strong hand. The reasons of this are: first, a lack of knowledge of dietetics by those in authority in other matters relating to the health of the human family.

The graduates in medicine of the present day receive no instructions in dietetics. Beyond a few lectures each session upon the proximate principles of food, our medical colleges teach absolutely nothing regarding the influence of diet upon the human organism in health and in disease, and as a consequence what information our medical students receive upon this is confined to his hospital, experience where the diet is selected, upon economical principles, by a committee of management composed of a majority of *laymen*.

Chemistry has long since shown beef tea to be composed of salts and putrefactive materials in solution, to be in fact *urine*. Physiology has shown it to be a direct poison to the protoplasmic cells composing the muscle and nerve tissue. Pathology has shown it to be one of the best known medicines for the cultivation and development of micro-organisms. Clinical observation shows it to be an important factor in the causation of those diseases to which the physician is putting forth his best endeavors to combat; yet in our hospitals and public institutions, where the physicians of the present day get their knowledge of dietetics, a *broth* diet is considered the proper food for those who are too ill to keep body and soul together upon a *full* diet.

Half a century ago Sylvester Graham

wrote: (10) "Practising physicians have "not all been very careful to make themselves thoroughly acquainted with those "physiological laws which should govern "them in prescribing the diet of the sick, "and this probably is one of the principal "reasons why they have not been more "successful in the treatment of disease."

To show the progress made in dietetics during the past fifty years, I will quote from a recent writer (11) who gives the present standing of the profession upon this subject: (The italics are my own.) "Up "to the present time *we have no knowledge "upon the subject of dietetics*; we have "known only that a man loses in twenty- "four hours certain quantities of nitrogen "and carbon, in consequence of which he is "obliged, in order that he should not lose "weight, to take each day a mixture of "these elements."

To show the progress made in the successful treatment of disease since Graham's time, I will quote from statistics of the death rate in one disease only—pulmonary consumption. "That terrible disease "causes one-seventh of the whole mortality in our latitudes; and if we exclude "children and old persons, it causes the "death of one-third of the population," (12) and this, a curable disease, as is shown by the fact of its having undergone spontaneous cure in about one-third of all cases upon which *post mortem* examinations are made, and a disease which probably more than any other is due to dietetic causes.

A second difficulty in the way of carrying out this part of the treatment comes from the patients themselves. Fothergill (13) recognizes this in the following:—"To a "large number of persons the pleasures of the "table are the best part of their existence. "Even while conscious, in many cases, "of the benefits derived from a restricted "dietary, these persons will take an early "opportunity of consulting someone else,

"in the hope of prevailing upon their new medical adviser to recommend a more liberal diet scale. As it is a marked trait of humanity to believe readily what is agreeable to believe, the advice of the less skilled man is adopted; and it is only when the consequences follow, as in time they do, that a long deferred repentance sets in—usually too late to be of service."

What diet shall we prescribe in high arterial tension? Briefly this, the same as in health, viz., *cereals* and *fruits*.

Bread or gems made from whole wheat meal; porridges or mushes of wheat; oat, Indian corn coarsely ground or rolled, singly or in combination; puddings of rice, sago, tapioca with fruit; apples, peaches, grapes, and the smaller fruits raw, cooked or both; vegetables should be but sparingly used, especially by those who cannot take active exercise, as they bulk for bulk contain much more nitrogen than animal food.

Raw and cooked fruit should not be taken at the same meal. No tea nor coffee. Milk may be allowed as a drink, better taken skimmed, the cream at meals with the grains and fruits, the milk drank between meals, slightly warmed. The following extracts from Leaming upon milk-drinking deserve to be more widely known: "Lord Bacon says, in effect, that many believe they cannot take milk without becoming bilious, because they take but little at a time, which coagulates; but if they take large draughts, the acid is diluted, and digestion takes place. I have repeatedly demonstrated the truth of his observation. Two or three quarts of milk may be taken daily for weeks, even by a feeble person. The stomach must be educated to receive this quantity, and it must be done gradually. By the constant use of milk the stomach dilates and the blood vessels enlarge, and more nutrition is carried to the capillaries and the weight of the body will be increased. The increase in

weight, which comes to drinkers of large quantities of any liquid, is owing to this acquired capacity to receive nutrition. The increasing deposit of fat in the system is an assurance that phthisis is held in abeyance."

The second indication in treatment is to keep the air cells dilated and the air passages aseptic. To those who cannot make climatic changes suitable to their temperament, the variety and stage of the disease, and there are many compared with the number affected, antiseptic inhalations are the *sine quâ non* of successful treatment. It is not a matter of indifference as to the inhaler or inhalants that we employ. A study of the mechanism of the circulation in the tidal and residual air will show the inutility of attempting to carry medicinal substances to the air cells in sufficient quantities to be of therapeutic value with air, water, or steam as a *vehicle*. To be successful, the tidal and residual air must be saturated with the *medicament*.* A failure to recognize this fact is one of the principal reasons why the practice of inhalations in the treatment of diseases of the respiratory organs has not found a more permanent resting place in the practice of the profession. Careful regulation of the diet, and the frequent use of antiseptic inhalations offers the best possible means of protection against the disease for those predisposed to it from constitutional causes and direct infection.

To help us in carrying out the third indication successfully we may obtain valuable information studying the course taken by nature in her *spontaneous* cures endeavoring to induce early fibroid changes in the pulmonary exudate by introducing compounds into the system rich in *carbon*.

In order to entitle a remedy or method of treatment to acceptance by the profession, it must stand the test of clinical uses

* The only inhaler, to the writer's knowledge, by which this can be accomplished, at the will of the operator is the Butcher Inhaler.

at the bedside. Herein lies the strength of this.

During the eighteen months that the treatment of phthisis has been carried out on these principles, excluding for statistical purposes only those in whom the tubercular lesions had involved other organs than the lungs, there have been *no deaths*. Patients who, at the time of commencing treatment, a year and a half ago, were confined to the sick room with hectic, emaciation, night sweats, and physical evidences of cavities of considerable size are to-day and have been for the past twelve months, following their usual occupations with a fair measure of health.

1. Brunton Pharmacology, Therapeutics and Materia Medica. Third Edition.
 2. Fothergill's Hand-Book of Treatment. Second American Edition.
 3. Ringer's Hand-Book of Therapeutics.
 4. Brunton (idem).
 5. Prof. Parkes, *Lancet*, May 23rd and 30th, 1874.
 6. Merk's Bulletin, July, 1892.
 7. Leaming, Heart and Lungs, 1893.
 8. Brunton (idem).
 9. Ringer (idem).
 10. Science of Human Life.
 11. Dr. Leven in Good Health.
 12. Braithwaite, Vol, LXXXV.
 13. Idem. 2709 St. Catherine Street.
- MONTREAL, July 15th, 1893.

THE REAL REWARDS OF MEDICINE.

The Valedictory Address Delivered at the Commencement of the Jefferson Medical College, May 2, 1893.

By W. W. KEEN, M.D., LL.D.,

Professor of the Principles of Surgery and of Clinical Surgery.

GENTLEMEN OF THE GRADUATING CLASS :

The revolving cycle of the passing years makes it to-day my pleasing duty to say a parting word of advice, of caution, and of cheer to you. And first, let me say the word of cheer; not only because it is the pleasantest to be spoken, but because in

your earlier years of practice you will need it far more than any other word I could speak to you. I am sure that the public do not understand, nor do they appreciate, not only the many years of study before a young doctor can even begin to be self-supporting, but the many years of discouragement, with an empty purse and accumulating bills, which beset his early professional life. Should he desire to enter upon the profession *thoroughly* equipped, it means, first, the years of preparation in the common schools, from seven to eighteen; then four years in college, then three, or, as soon will be the case, four years of study in the Medical School, then at least a year in a Hospital, and, if possible, a year or two abroad. In other words, twenty-one years of study are practically what is required, completely to fit a man even to begin to earn his living by the practice of medicine in any of its branches.

And in his earlier years the doctor is paid in many cases far less than the pittance which is bestowed even on the humble day-laborer. I remember very well one of the brightest young men in the profession, who had all the advantages I have just described, and who, some time after having "hung out his shingle," came to me greatly discouraged, and said, "I think I shall have to give up the practice of medicine." "Why so, Doctor?" said I in surprise, knowing his ability and future promise. "Because," said he, "I do not think I can earn enough to support myself and my wife" (for he was already married), "and I do not wish to be dependent all my life on my father." "How much have you earned by your practice since your graduation?" I asked. He replied: "It is now seven months since I opened my office, and I have received exactly \$2.50."

In other words, in 210 days he had received a little more than one cent a day! And in my own personal experience, when I had been in practice for five years, in the

month of June I paid and received all told seven visits, of which three were charity visits, two patients ran away and paid me nothing, and two paid me \$1.00 each.

Many years ago I was returning in the street cars, at six o'clock in the morning, from St. Mary's Hospital, where I had spent the entire night in attending to the victims of a terrible fire in a mill, and, seeing my case of instruments, a laborer, evidently an intelligent man, just starting for his summer day's work, accosted me, and wanted to know where I had been. Upon my telling him what I had been doing, he said to me, "I suppose you'll get a right good salary for working all night and doing a lot of operations;" and he was completely dumbfounded when he learned that not only had I gone to the hospital at my own expense, but had served the institution for years without charge, and that every hospital surgeon, and hospital physician, and hospital resident in the city gave his labor and the best work of his life for years, entirely free of charge to the patients under his care.

Yet time brings its rewards, and you will find if you do good work that your friends and neighbors will after a time surely recognize your merit. If you have genius you may gain a fortune, but even mediocrity is sure of a competence if you are faithful and honest in your work. No man need ever despair of making at least a decent living by the practice of medicine.

But pecuniary rewards are not the best that you will get, if you cultivate everything that ennobles the profession and discourage all that tends to make it merely a trade by which to make money. What, then, are the real rewards which the profession of medicine holds out to you? They may be sketched somewhat in the following manner: First, you will enjoy a sense of daily duty faithfully performed. This fills a noble heart with a glow, far beyond the satisfaction of an

expanding balance in bank or a growing hoard of stocks and bonds.

"Count that day lost, whose low descending sun
Views from thy hand no noble action done;"

if you do, you may be sure that no day will be lost, but will be counted among your great gains. Duty is often irksome drudgery, but put your heart into it and the lowest drudgery becomes the highest service and will not fail of its reward. As quaint old George Herbert says:—

"A servant with this clause
Makes drudgery divine;
Who sweeps a room as for Thy laws
Makes that and the action fine."

Life for the most part is a matter of trivial details. The growth of character, like all other growth in nature, is the result of the steady multiplied activity of many small parts. The giant oak which resists the stoutest storm does so because in the many days of soft rain and bright sunshine its roots were spreading far and wide in the fertile soil by the growth of cell upon cell and fibre after fibre, its strength being tested and confirmed by summer breezes and occasional wintry winds, and at last when the storm comes in its fury, the mighty tree has so faithfully done its duty in its minute but constant growth, that it stands unmoved and unassailable. So the small daily duties of life, if faithfully performed, will gradually develop your character and fix your principles so firmly, that the storm of temptation, however violent, cannot bend or swerve you from the path of duty.

This daily duty may lead you into danger, which you must face with the coolness and courage of the soldier on the field of battle. True, for the soldier of science and of duty there is no blare of trumpets, no beating of drums, no shouts of the combatants, no public honors, no laurel wreath: for the young physician is in the lowly home of poverty, battling with the angel of death, exposed to the poison of diphtheria, of yellow fever, of cholera or of

typhus, and may himself fall in the encounter, a victim to his brave sense of duty to his patient; and the surgeon in the hospital exposes himself daily to the dangers of blood-poisoning, dangers which I have seen in more than one case cut short a life of promise and hide it in the grave. But he lives in grateful hearts, unknown though he may be to the pages of history, or even beyond a small circle of equally obscure friends. But their prayers and cries are heard of the good God, and the Recording Angel will enter every such unselfish deed in God's Book of Remembrances.

"They have no place in storied page,
No rest in marble shrine;
They are past and gone with a vanished age.
They died and 'made no sign.'
But work that shall find its wages yet,
And deeds that their God did not forget,
Done for their love divine—
These were the mourners, and these shall be
The crowns of their immortality."
O! seek them not where sleep the dead,
Ye shall not find their trace:
No graven stone is at their head,
No green grass hides their face;
But sad and unseen is their silent grave—
It may be the sand or the deep sea wave,
Or a lonely-desert place;
For they need no prayers and no mourning bell—
They were tombed in true hearts that knew them well."

No other calling has ever had such a multitude of brave, unselfish, unknown, silent martyrs, who have freely risked all that is dearest and best, even to life itself, as our own Profession. But their lives have not been lost, for, as Ruskin has well said, "Every noble life leaves the fibre of it interwoven forever in the work of the world."

But not only will you have this sense of daily duty well done, but if you use your time well there will be a daily personal growth in knowledge. To this end, study after you have graduated, as you have never done in your so-called "student-life." Make even your failures a fertile soil for a

larger growth and better achievement, for

"The tree

Sucks kindlier nurture from a soil enriched
By its own fallen leaves; and man is made,
In heart and spirit, from deciduous hopes,
And things that seem to perish."

You will have earned each day a certain modicum of money, but you will also have added to the store of knowledge in your mind, to be of use to your future patients; so that your gains cannot be measured merely in dollars and cents, but in wider knowledge, in pregnant ideas, in mental growth, in better judgment, in a better balanced mind, and in masterful ability to cope with dangers by reason of such larger knowledge.

More than this you promote the general welfare and add to the prosperity of the community in which you live, by directly diminishing the loss of time and money to the wage-earners of the community. You restore the sick mother to the charge of her household, the disabled father to his family—nay, in not a few cases you save life itself. And how much a single life may mean to a man's wife, his children, his business, his church, his community, his nation. Even if you cannot save life, you lessen suffering and bring cheer into the sick-room, and you smooth the pillow of death itself.

In Preventive Medicine you can do still more, and on a far larger scale, by educating the community as to personal and municipal health, by pointing out the evils of dirt, of filthy streets, of foul sewers, of impure water, of tuberculous meat and milk, of crowded tenements, of unwise clothing, of want of exercise, of want of the daily bath, of errors of food and drink, of vile habits, and a host of other enemies to human health and happiness. This, believe me, is to be the greatest function, the most splendid achievement of the coming years.

And lastly, in this brief sketch which I am giving you, you should do one thing

more. Remember that science looks to you for enlargement of its boundaries, by conquests in the domain of ignorance. I envy you your position on the threshold of the glorious twentieth century. The passing century has seen great victories, but the next one will see far more. Our profession is not complete, "*totus, teres, atque rotundus*," but I believe it has, as it were, just begun its beneficent career. The discovery of Anesthetics and of Antisepsis, and the creation of the science of Bacteriology have been the three great triumphs in medicine of the nineteenth century. You enter upon this great heritage, freely bequeathed to you by your predecessors; you begin where they left off. With such advantages you should make still greater advances, and I believe that you are on the eve of still more blessed and portentous discoveries. The cause and the cure of the great destroyers of human happiness and human life are to be discovered by you. You may vanquish cholera, consumption, typhus, yellow fever, scarlet fever, and other demons of disease, and there may be even in your own class—why not?—an unsuspected peer of Harvey, of Jenner, of Lister, of Pasteur. By carrying on to its utmost limits the good work already begun in the Jefferson Medical College, by earnestness in study, by exactness in observation, by gathering your facts, shrewdly comparing and correlating them, by wise experiments to ascertain the correctness of your conclusions, and then by publishing them for the information and enlightenment of the profession, you will fill out the duty you owe the Community, the College and the Profession. The Alumni of the Jefferson Medical College, whose ranks you join to-day, have reason to be proud of the contributions to science made by the dear old College. Its large and constantly enlarging body of Instructors have always been in the forefront in the intellectual

arena of Medicine. It was not less a matter of pride than of delighted surprise to me, not long since, when, apart from all the splendid work of its other Alumni scattered all over the world, *a partial compilation of the books and papers published in two years only by the teachers connected with the Jefferson showed that they had published 267 contributions to knowledge*—almost one paper every two working days. See that you keep up—nay more, that you extend this scientific spirit, so fruitful of blessings to humanity.

We are about entering on a new era in the history of the College. Its educational and charitable work have both been hampered for the past twenty years, to a degree only appreciated by those engaged in the daily work of teaching in the College and in caring for the immense number of patients in the dispensary service of the Hospital. Here again the community is in utter ignorance of the enormous amount of charitable work done in the Hospital. At the end of my recent term of service of only *eight weeks* in the clinic, I reported to the Trustees that in addition to all the work in the surgical wards, in which there were nearly 50 patients requiring daily care, *there had been 5005 visits and operations in these 48 working days, and exactly 200 operations done*, many of them of the most serious character, and without a single death.

This, mark you, is only the record of eight weeks of the entire year and in one department alone. If to these figures you add all the cases in the clinics for Medicine, Obstetrics, Gynæcology, Diseases of the Eye, of the Throat, of the Ear, of the Nervous System, of Children, of Orthopedic Surgery, of the Skin, etc., the sum total is simply enormous. And all this is done in a Hospital built before these numerous clinics were even thought of, and in quarters lamentably deficient in space, air and light.

Besides this charitable and scientific work, you know even better than I can tell you the absolute need for enlargement of the facilities in the various laboratories and lecture rooms, requisite for teaching over 600 earnest young men every year. The simple fact is that we have outgrown, immensely outgrown the facilities which our buildings afford. The four years graded course, now voluntary, must soon be compulsory, and we will be worse off than ever. Hence the bold plan for the new buildings in a new and splendid location. The Trustees and Faculty are cordially united in their efforts for a "New Jefferson," and we appeal to the public of the State and of the City for aid.

Colleges, theological and technical schools, and hospitals have been endowed with millions, but who except Johns Hopkins has ever endowed a medical school? Yet here are educated the doctors who make or mar human lives in these very hospitals and in the entire community. As alumni of this now ancient and honorable school, you can assist in shaping public sentiment in this direction. We appeal to this charitable community to aid us in the great work of training their medical attendants to the very highest point of scientific and practical skill by gifts, which will be repaid to them a hundred fold in their own lives and health and that of those dearest to them.

I welcome you then, finally, into the goodly company of earnest workers and soldiers of knowledge in the campaign against ignorance and disease. Be an honor to the College, true to yourselves and faithful to your fellow-men and to God throughout your lives, and His gracious benediction, "Well done, good and faithful servant," will be your final and blessed reward.—*Coll. and Clinical Record.*

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Slated Meeting, February 3rd, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

DISCUSSION.

Dr. GORDON CAMPBELL said that it is claimed that by the hypodermic administration of certain drugs you get an effect not obtained when absorbed by the stomach. Of these drugs strychnia is one of the best examples, and by giving it hypodermically and rapidly increasing the dose it is believed you get the full momentum of the drug, an effect not otherwise obtainable.

Dr. SMITH did not believe in a tendency to alcoholism being inherited.

Dr. GUERIN said that he had had some experience in the treatment of alcoholics, but has never yet used strychnia. If there is any good to be derived it is simply by means of suggestion: we should make patients understand the injury they are doing to themselves. He generally gives them some mild sedative, some hypnotic; and further than that, stops the stimulant, and as a general rule gets very good results. From what he had heard of the paper, no exceptionally good results have been claimed for strychnia, as the majority of the cases relapsed within a few months. He was glad to see this question ventilated, as it is a subject much spoken of lately, and to learn through Dr. McConnell's paper that after all there is not much to be expected from it. The apparent good results are due largely to the moral influence of the introduction of the needle and the impression which the patient receives that a very powerful remedy is being employed in his behalf, and that consequently the results must be very great.

Dr. GEO. T. ROSS did not think that the hypodermic administration of strychnia had any peculiar action in the case of chronic alcoholism. Its use is indicated in all cases of gastritis or other affections where the stomach will not retain anything. Vomiting is a common feature in these alcoholics, and the increased effect of the drug when administered hypodermically may be due not to any special power in the drug itself, but rather that it is better absorbed in that way. He has used hypodermics of strychnia in the vomiting of pregnancy, and in cases of gastritis due to causes other than alcohol, and with, in every case, satisfactory results.

Dr. PROUDFOOT thought that Dr. McConnell's

paper clearly shows that in strychnia we have a drug which will destroy the appetite for alcohol; and even if only for a few weeks it is hence a great boon. There are many cases where men have been incapacitated for days and months at a time by this habit, and if we know that the nitrate of strychnia will remove or destroy the taste for whiskey and break up an attack of this kind, it is a very valuable piece of knowledge, and something that it would be very well for every doctor to become practically acquainted with.

Dr. ANGLIN said that inebriates were not received in the asylum unless they can be proved insane; he thought this a pity, as in his opinion the best treatment of all for the inebriate is to put him in some home where he is removed from the contact or possibility of drink.

Dr. STEWART has had no experience in the treatment of alcoholism by strychnia. Of course if the latter has such a power it might be readily proven; half a dozen medical men could, in the course of their practice, confirm or refute these claims in a week. He questioned very much whether any drug has that power. Two or three years ago there was a great deal of talk made in connection with hypnotism, but so far as he can read on the subject, hypnotism is practically useless in this respect. In fact, until general moral measures are more advanced there is very little to hope for from any kind of treatment.

Dr. REED thought it is bad that the idea should become popular that the craving for liquor was a disease instead of a vice.

Dr. MCCONNELL said in answer to Dr. Guerin's remarks as to getting equally good results by the administration of tonics by the stomach, the quantities administered could only simply exercise a local tonic action on the stomach. Again, we have to distinguish between a sort of mania for alcohol and the effects of alcohol on the system. Most of the vaunted cures we hear of claim to cure alcoholism out and out; now, we can never expect such an effect from any drug. To transform the desires of an individual so completely as to cure him for all time from a distinct neurosis is something that it is hardly reasonable to expect from the administration of a dose of medicine. By using the drug hypodermically you get the action more purely. It is a well known fact that the liver is the great disinfecting organ of the body, and were it not for its destructive powers on the ptomaines we could not live. Just as it does this, all agents administered by the stomach are diminished in their physiological powers, so that by giving them hypodermically we get nearly double the action and very much better results.

From the results of his cases we may conclude that the strychnine simply restores the

original conditions; when the desire relapses a few more doses will cause it to disappear in the course of a few days. Take a man who is practically useless to his family, if you can destroy the appetite for even three weeks, is it not a decided advantage?

In regard to what Dr. Stewart said about hypnotism it is much on the same line as the other remedies. We can find no single remedy to eradicate the alcoholic habit, but every means that helps towards that end should certainly be adopted. Dr. Stewart's paper on epilepsy, read some time ago, simply looked for cure in educating the brain in every way possible; and the same line of treatment must be adopted in alcoholism. The inebriate must be surrounded by a higher moral tone, and every means we know of to elevate the human being adopted before we can expect any permanent results.

The decomposition of alcohol which takes place in the economy is not yet known. It has been generally accepted that from 1 to 2 oz. can be oxidized in the system, giving heat and force to the extent of the oxygen used, but the tissue changes are lessened as evidenced by the diminished excretion of urea, and CO_2 and to the degree that they have been robbed of O by the systemic digestion of the alcohol; from this fact has sprung the idea that it conserves the energies and lessens waste, and on this assumption it is frequently prescribed as a sustaining remedy; but a view which would appear to be nearer the truth of the matter, is that which denies that alcohol is a food in any sense, but being a ptomaine, a result of decomposition, it is like them generally, a poison in all its actions. That it is not oxidized in the system, but that it combines with the hæmoglobin and destroys its functions of absorbing O, the diminished urea and CO_2 , being in this way accounted for. Other observers have demonstrated that the leucocytes have their vitality lessened by the continued use of alcohol, and in harmony with our recent views on phagocytosis this fact would explain the greater susceptibility of drunkards to the action of pathogenic bacteria, and their lessened resisting power in throwing off disease, although Mortimer Granville maintains an opposite view on this point, and claims for alcohol drinkers a greater immunity than abstainers. That the red corpuscles are profoundly altered was observed in the last case I reported, the only one in which the blood was examined. We have here the evidence of a veritable poikilocytosis in a subject where neither aglobulism nor achromatosis existed. Most of the effects of alcohol are apparently explained by its paralyzing effect on the vaso-motor system from the first contact; we have also the slight stimulating effects on the heart of small doses, and its local and reflex irritant action on the alimentary tract,

which results in increased buccal and gastric secretion, thus favoring digestion. But even this advantage is not upheld by the recent experiments of Blumenau, who found that the total action was impairment of digestion, and when we take the fact that even the stimulating effects are quickly changed into paralytic conditions, and when often repeated leading to exhaustion of every function and more or less general degenerative changes throughout the body we can readily understand how we are to get beneficial effects from drugs having the action of strychnine.

The chief action of alcohol, then, is to paralyze the vaso-motor system, dilating the arterioles. Strychnine, besides exalting the excitability of the spinal cord and probably the motor centres in the brain, stimulates the vaso-motor centres, contracting the arterioles, as well as being one of the most efficient heart tonics, through its stimulating effects on the cardiac ganglia.

While we have in strychnine a true antagonist to the action of alcohol, and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs. He needs the mental and will power to overcome his acquired tendency to resort to narcotics. This must come from treatment which seeks first to restore all the abnormal conditions of the patient, whether due to alcohol or otherwise. Then strict abstinence, in which he must be aided by moral suasion, the diversion of continual employment, and the education of the mental and moral faculties to a higher status; even the influence of hypnotic suggestion may be applied in suitable cases, as has been done recently with a fair measure of success. And when these means fail, then institutions where voluntary or forced detention can be secured and where all the present known means can be most successfully applied, must be the only hope of restoring these unfortunate subjects of narcomania.

Stated Meeting, February 17th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE
CHAIR.

Retro-peritoneal Myxo-lipoma.—Dr. ADAMI gave a history of and described, a retro-peritoneal tumor of great size which he had received from Dr. Hannay, of Perth. A photograph and portion of the tumor weighing several pounds was exhibited to the Society.

Intra-mural Myoma of the Uterus.—Dr. ADAMI exhibited a large specimen of this condition which he had received from Dr. Alloway, which, with the attached portion of the uterus, weighed close upon two kilos. The specimen had been cut through from side to side longitudinally by Dr. Adami, and showed well the relationship of the various parts. The globu-

lar mass of new tissue originated evidently at the uppermost part of the uterine wall, and growing down into the cavity of the organ had completely filled it; but its intra-mural origin could be clearly seen, inasmuch as at the edge where the projecting part of the mass joined the uterus, the inner layers of the uterine muscle were reflected over the growth. The tumor was a typical uterine myoma. The specimen was exhibited to the Society on account of its relatively large size and of the very considerable hypertrophy that the uterine wall had undergone *pari passu* with this growth into the cavity. The presence of this large globular mass arising from the fundus of the uterus and the hypertrophy of the walls gained further interest from the fact that this condition had led more than one medical man attending the patient to make the wrongful diagnosis of eighth month pregnancy.

Dr. T. JOHNSON ALLOWAY detailed the history of the preceding case. The patient was 42 years of age and had borne four children, the last four years ago; had had several opinions as to the nature of the growth, and on two occasions had been told that she was pregnant. This was not surprising, the tumor being one of those rapidly growing myomata with a loud bruit, synchronous with the heart's action, heard over most of its surface, a form very difficult to differentiate from pregnancy. She was first seen on the 24th of January, and the operation was performed on the 31st of that month, during which time she remained in his private hospital and the usual preparatory measures were adopted.

The method of removal was by total extirpation, through an abdominal incision, of the ovaries, tubes and whole uterine body, including the cervix, as described by Eastman.

Any lacerations or tears of the peritoneum were closed by continuous sutures; this procedure takes but a few minutes, and by it the cavity is totally closed.

This patient had for her highest temperature 99.6°; the pulse never exceeded 104. She made, in fact, a recovery that was surprising to him and to his colleague, Dr. Gardner, knowing the great gravity of the operative procedure. It is now two weeks since the operation, and she will probably go home in one week more.

In this method of removing so large a myomatous body there is the great gratification of knowing that the convalescence is so short, so smooth, and that there is absolutely no necrotic tissue left to give rise to septic changes. In the extra-peritoneal method, on the other hand, there is necrotic tissue and a great danger of sepsis, so that the patient is not really out of your hands until all this necrotic tissue separates, which does not take place for 12 or 14 days after the operation. By this method, after the fourth or fifth day you may declare her abso-

lately free from any untoward results. Now, with reference to the other methods, besides the extra-peritoneal one, that have been adopted in such cases, such as where the pedicle is dropped after suturing the cervix with buried sutures, and a modification of Schroeder's old method, lately devised in Baltimore, whereby sutures buried and passing through the centre of the cervix were ligated on either side and the peritoneum turned in and sutured, these have all the two great dangers attending them of hemorrhage and necrotic changes taking place. In Eastman's method there is no danger whatever of this nature, there is no uterine tissue left to unite, only vaginal tissue, and that is covered by peritoneum. There is no doubt that this last method is a great improvement on all previous ones, the one drawback it has is the great difficulty of its performance. It is certainly the most formidable operation in surgery, and requires not only the greatest skill but also the greatest endurance.

Dermoid Cysts of Both Ovaries.—Dr. ADAMI exhibited two ovaries received from Dr. Alloway, both of which contained dermoid cysts. The right ovary was represented by a large, relatively thick walled cyst, $4\frac{1}{2}$ inches in diameter. This upon first opening was found to be filled with a brownish blood-stained fluid, and in this could be distinguished old blood clot, a large amount of fatty debris, cholesterin crystals and hairs. On removing these and washing out the cavity, two fully formed teeth were found projecting into it from a patch somewhat raised above the level of the rest of the wall, and upon this patch were numerous hairs growing from the epithelial coat. The fat was due in part to degeneration of the cells and cell-debris thrown off the surface of the cyst, but probably, as has been found in other dermoid cysts, it has been given off from sebaceous glands associated with hair follicles and epithelium.

This tumor presented, therefore, the most common and characteristic features of an ovarian dermoid. That it was ovarian was manifested by the presence of portions of the fallopian tube still attached and of a small cystic graafian follicle imbedded in its walls. The interest of the case centres in the more unusual feature of the other ovary being similarly affected, though with multiple dermoids of smaller size. This, the left ovary, contained several small cysts, and one of these had its walls fairly well developed, there being a well marked cutis with small hairs growing therefrom. Two other rather larger cysts, the more important being $\frac{3}{4}$ inch in diameter, contained hair and fat, others again still smaller had merely fluid contents. In this specimen a fair amount of tissue still remained.

Dr. ADAMI called attention to the interesting series of cysts presented by these two ovaries, from minute cavities which apparently repre-

sented dilated graafian follicles, up to the large typical dermoid cyst of the right ovary. Cases like this, tending to throw light upon the dispute as to the origin and production of ovarian dermoids, are of high value.

Dr. ALLOWAY called attention to the interest attaching to this case—the presence of two dermoids in the same patient. The condition is relatively rare, Dolan in his account of 31 cases finding only 7 in which the condition affected both ovaries, that is to say, but a little over 20 per cent.

The history of the case was as follows: The patient, a resident in the United States, underwent examination in Philadelphia, and again in New York two years ago, and there already the diagnosis was given of pelvic tumor. Accompanying her husband, who had come to Montreal on business, she here began to suffer severely. She consulted Dr. Thompson, who referred her to Dr. Alloway.

It was difficult to make out her condition without putting the patient under ether, but when this had been done the uterus was found to be anteverted, there was a tumor in the right pelvis, low down and impinging upon Douglas' pouch. This filled the whole upper third of the vaginal space and encroached somewhat upon the left, but did not involve the left pelvis. The diagnosis was given of a pelvic tumor, probably containing fluid. The tumor was fixed but separate from the uterus and certainly not connected with that organ. The question was as to whether it was a dermoid or a cyst of the broad ligament. From the fact that the tumor had been diagnosed two years ago, and that only when these tumors become large and irritation and inflammation set in is any pain experienced and a physician summoned, makes it probable that the tumor in this case had been in existence for a long period growing slowly, and this led to a conclusion in favor of its dermoid nature.

At the operation, numerous adhesions were encountered. The tumor was adherent to the posterior face of the broad ligament and to the wall of the pelvis on that side. It was also adherent to the wall of the rectum for a considerable distance. In such cases there is great danger of entering the rectum. To guard against this complication Dr. Thompson, who assisted at the operation, was asked to pass his fingers up the rectum and keep them there as a guide while the adhesions were separated. The operation had been performed four days previously and the patient had remained perfectly well, the temperature never exceeding 99.5° .

Dr. ALLOWAY, continuing, said he had now given up ligatures in these cases. He finds Keeler, of New York, the most reliable source to procure catgut from; the size No. 0 ligature (simply the base fiddle string) is that used. It is, in his opinion, the best ligature extant to-

day where there is a large amount of tissue to be brought together. He made an experiment some time ago with reference to the difference between catgut and silk. It was with reference to the reputed property catgut has of shrinking when moistened, whereas it is well known silk remains absolutely the same. He took a piece of sea-tangle tent, saturated it for some time in water, so that it was fairly expanded, then tied upon it above a silk ligature, and below one of catgut (No. 0). They were both tied equally tight. The tent was placed in a jar of sublimate solution. About one week afterwards he took it out and found that the catgut had cut a ridge into the tent, the silk remained perfectly the same. That was an absolute proof that the catgut does shrink. It is this power of shrinking under moisture that makes it superior to silk in operations of this kind. Tissue shrinks after operations, and in the case of silk this shrinking implies a loosening of the ligature, which is most commonly the cause of hemorrhage. Now, in the case of catgut, this loosening does not occur, the ligature contracts with the tissue, and hemorrhage is a much more rare occurrence where the latter is used.

Fibrinous Cystitis.—Dr. ADAMI exhibited specimens and microscopic preparations from a case of this condition, for which he was indebted to Dr. (Miss) Dougall. The casts had been passed upon three or four separate occasions of late, there was severe uterine disturbance, a history showing that the material had been passed coincidentally with a menstrual period, and while these thin, white, fairly firm fibrinous membranes were evidently casts from some cavity, the question had arisen as to whether that cavity had been the uterus or the bladder. The history of uterine disturbance first attracted attention to the uterus, but, in the first place, this had been filled by a new growth, and, in the second place, examination of the fibrinous material, both in fine sections and by teasing, failed to reveal any uterine cells or orifices of uterine glands. On the other hand, flattened cells resembling bladder epithelium were present. There had been cystitis for the previous fortnight with the passage of a relatively large amount of pus, and with the passage of the casts the condition of the urine improved, the number of pus cells diminished. The membranes and membranous shreds were passed after great pain and difficulty. The passage greatly eased the patient.

The condition in this case is rather at variance with the rare cases that have been described as exfoliative cystitis. Thirty or more such cases have been narrated, mostly in women, and in connection with labor or serious uterine troubles. In these, after great pelvic disturbance, the history given is that of the passage of a more or less complete cast of the interior of the bladder, and upon microscopical examination

the cast is found to be composed of a large amount of fibrine, and incorporated in this what are evidently the inner layers of the bladder wall; in many of the cases, not only epithelial layers, but a certain amount of the muscle tissue of the bladder wall, has thus become exfoliated.

In the case in question a singularly small amount of anything like the element of the mucous membrane of the bladder could be seen embedded in the fibrine, though there were numerous pus cells. The case is consequently described as one of "Fibrinous cystitis" rather than "exfoliative." True exfoliative cystitis would seem in all cases to be due to a stoppage of the circulation in the vesical walls in consequence of more or less long-continued closure of the vessels by pressure. It is in fact a necrosis of the inner layers of the bladder wall. In this case the condition has been neither so extreme nor has it been of relatively sudden onset. That there has been obstruction of the pelvic veins is shown by the existence of phlegmasia alba of both lower extremities, and to the pressure of the large uterine tumor can be referred the state of the bladder which has rendered the setting up of cystitis a relatively easy matter. That same obstruction of the iliac veins which caused the phlegmasia would affect also the veins of the base of the bladder which pass to the internal iliacs, and Dr. Adami suggested that a very possible explanation of this curious condition was to be found in this obstruction, which leading to a congested condition of the vesical mucous membrane, would lead to exudation, and this, when already there was inflammatory disturbance in the organ, would tend to be of a fibrinous coagulable nature. But it would seem reasonable both in phlegmasia alba and in this condition of fibrinous cystitis to take into account also obstruction to the lymph flow of the parts.

Dr. WM. GARDNER, who had seen the patient with Dr. Dougall, gave details of the history of the case, which served to explain the occurrence of the cystitis. The woman from whom the specimen had been taken was suffering from a large myoma, a great part of which was already extruding. The pelvis was nearly filled by this myoma, and in the abdomen could be felt a large smooth mass. The condition of complete filling of the pelvis might account for the bladder troubles on the lines laid down by Dr. Adami. The woman had, in a sense, been in labor for several weeks, her womb trying to extrude the mass; the bladder naturally has been encroached upon and variously disturbed.

Bradycardia.—Dr. H. A. LAFLEUR reported a case of slow pulse, better called slow heart or bradycardia. The history of the case is as follows: A young man had an attack of acute rheumatism, from which he made an apparently good recovery. Present condition seems fair, there being nothing which might disturb the circula-

tory equilibrium save some periodical attacks of diarrhoea. These attacks cannot be traced to errors in diet or any local causes in the intestinal canal. The patient is a student, tall and spare, chest long and narrow, bulging of the costal cartilages of the left side from the 10th to the 6th rib. Apex beat punctuate, in the sixth interspace in the nipple line. Short purring thrill felt on palpation, also slight diastolic shock. Cardiac dullness extends from the third rib downwards, laterally from the middle of the mediastinum to the nipple line. Auscultation reveals an occasional irregularity, but very seldom. First sound loud and snapping in quality, no trace of murmur; second sound accentuated and reduplicated, heard most loudly at the pulmonary cartilage, and transmitted quite distinctly beyond the area of cardiac dullness. No enlargement of the spleen, no enlargement of the liver, no oedema.

The first count of the pulse was 49, the second count gave from 50 to 54. The character of the pulse is that it is of small volume, but usually quite regular. Respirations were 16 to the minute; temperature not taken at the time; but subsequently it was found to be subnormal throughout most of the day. During a period of ten days, during which his temperature was taken three times daily, it only reached the normal point on three occasions. A tracing of a normal pulse with a fairly high tidal wave and a fairly high secondary wave was shown to compare with the tracing of the patient's pulse when it was beating at 54. It shows very typically that this tidal wave is short (that the artery is not very actively filled, a common condition in obstructive disease of the mitral orifice), it shows besides a very long diastolic period during which the ventricle is filling, and that is succeeded by the next systole. A tracing taken after exertion was also exhibited, the pulse here is more rapid, nearly 80; it has the same characters as the previous tracing, with the exception that the second wave is very well marked,—in fact, it approaches the condition of dicrotism. When the heart is beating rapidly it cannot be so well filled, on account of the obstruction at the mitral orifice.

This condition of bradycardia (slow heart) has been known for a long time; but until quite recently no attempt has been made to collect and tabulate a number of cases. At the meeting of the American Association of the Medical Sciences at Washington recently, Prentiss collected over 100 cases in which the pulse beat below 60. The symptom of bradycardia may arise under any varied conditions of disease indeed; and, although attempts have been lately made to classify them, notably in the large series of cases collected by Riegel, so far they have arrived at no very satisfactory results. The principal conditions under which one meets with it are (I) injuries to the central

nervous system, in injuries of the head slow pulse is often a very conspicuous phenomena; (II) conditions associated with organic heart disease, fibroid disease, fatty degeneration, and much more rarely valvular disease; (III) toxic cases, poisoning by lead and arsenic, eating bad fish, etc.; (IV) anæmia and the cachectic conditions generally; (V) catarrhal jaundice; whether this is one of the toxic cases or not is not clear. The tendency is to group them under two heads: (a) where there is organic heart disease; (b) where the nervous mechanism is at fault.

Progress of Science.

THE ARTERIO SCLEROTIC CONTRACTED KIDNEY.

Leven (*Deut. Med. Woch.*, May 29th, 1892) says that Zeigler first suggested this name, and that he was also among the first to define this disease sharply from other forms of chronic nephritis. The relation of the vascular disease to the renal affection is a fairly constant one. It is not necessary that it should extend to the whole vascular system; indeed, it is mostly limited, and the heart has been pointed out as the organ in which the vascular lesion is almost constantly present. Even more characteristic and hardly ever absent is the marked affection of the arteries of the pia mater. In the author's experience, the spleen has always been involved. The small arteries show marked sclerotic changes. The splenic reticulum is considerably thickened, and the cells exhibit commencing degeneration. It is the picture of a fibrous induration, the cause of which is to be found in the vascular disease. The cardiac hypertrophy, almost limited to the left side of the heart (while the muscle itself shows early degeneration) is no real objection to this view, for the hyperplasia of the left ventricle is due to the increased vascular resistance, and takes place when the heart is as yet well supplied with blood. The author says that the changes in the kidney itself are the typical manifestations of a degeneration brought about by deficient blood supply. The changes in the arteries in the kidney affect chiefly the intima and the middle coat only slightly. The adventitia is also much thickened. Leven states that the urine has been in all his cases diminished in quantity (without corresponding dropsy). Eye changes are uncommon. The author says that this form of renal disease exists mostly in the case of men without previous evidence of acute nephritis, who present in the course of time slight albuminuria, passing oedema, a diminished quantity of bright urine, hypertrophy of the heart, and slight uræmic symptoms.—*Brit. Med. Journal.*

PEROXIDE OF HYDROGEN IN DIPHTHERIA.

By J. A. DEARMAND, M.D.

Again is the truth of the adage, that the human family acts very like a flock of sheep when alarmed, demonstrated. The proneness of medical men to fly off the handle and follow false gods has become a by-word and a sneer with the educated laity. Every new drug or combination of drugs which is ushered into commercial existence finds a drove of medical men, who are convinced on very slight acquaintance that a cure-all has at last been found, and they proceed to spread its praises with the lavish hand which enthusiasm always displays. This tendency to praise before fully investigating is to be deplored, for several reasons. In the first place, it puts a value on an article which is only valuable to the company who hold the right to make it. In the second place, when the first burst of enthusiasm has given place to the quiet investigation by the bedside and the new applicant for popular favor is found utterly useless, we lose faith in the judgment of the men who aided in booming it. We are certain to get the idea that these men have had some motive other than the good of their worshippers when they have lent their voice and pen to boom an article which we find under the most promising circumstances is worthless. If medical men would only investigate and then give the results of those trials, there would not be the ground for so much back-tracking. And there can be no denial that this booming of a remedy to-day and damning it to-morrow is very bad for the reputation of the profession. When the medical leaders, or the recognized leaders of any special branch of the healing art, find a remedy which the superior opportunities for observation enable them to test, and they find it right and safe to advise their pupils the world over to use, then, when these men suddenly turn about and denounce the very thing they lately were so enthusiastic over, we, the profession at large, come to view new preparations with suspicion. We are justified in letting them severely alone until the test of time has settled the value the article possesses, and then often we can find such a variety of opinion that the novice can't tell whether or not to adopt the new remedy. Every doctor in the land finds his mail filled with circulars announcing the agency or sale depot for some new remedy. Everyone has the certificate of some doctor of more than local renown. The progressive physician wishes to keep step with the profession, and he orders the new candidate, and he finds it is expensive, but he also finds that a month's time will bring another candidate which is boomed in the same way. So it has come to be a fact that the profession can not rely on the evidence of the leaders at he medical centres when it comes to sorting

the useless and expensive preparations from the really meritorious ones. The fiend who gives samples and book marks and other little toys seems to rule the roost, and until the next man gets his toys out there is no sure thing for anybody except the maker.

Another matter that has done much to make trouble in medical ranks is the semi-proprietary medicine maker. He appears with the very plausible story that he puts the formula on the wrapper, and all that he claims is the purity of drugs used and the excellence of fabrication. This gets the doctor. He thinks this new combination is just what we want. It gives the drugs we want to give, but are in doubt about combining, in a fine form, and we will adopt the remedy. Furthermore, in return for the book marks and paper knives, we will say that the combination is one that theoretically should do wonders, and as we have used it, it will do wonders, and soon the patient finds out that there is not much use in paying a doctor one dollar for a prescription which calls for Buncomb's bromides or Ruleum's uterine straighten-out. In this way the article which, mind you, is only prepared for the profession finds the safe the wily maker wants, and the old proprietary dodge is worked over again, and the gold brick man gets away with the boodle.

These things are matters of knowledge to the profession, and yet we are forced to try every new remedy with the fear that we have been gold-bricked. Go to your druggist and ask him how many substitutes he has for iodoform. They are legion almost, and each one is pronounced the very best by surgeons of national reputation. You try them, and many are utterly useless. So it is of so many things, that we almost wish there was some plan by which the desired knowledge of remedies could be had without paying so dearly for the knowledge.

At a recent meeting of the American Pediatric Society, the eminent Prof. Jacobi read a paper in which he sat down on a remedy which has held a place as a most useful and valuable aid to our armamentarium. The doctor said in general that he had dropped the peroxide of hydrogen as a more or less useless agent and a dangerous one as well. In the discussion of the paper which followed there seemed to be a community of sentiment, each speaker giving the remedy, which has been hailed as a wonderful article, a biff in a weak spot. This is very unfortunate, it is the knocking of another idol down. If we only could have fewer idols our sensitive natures would not be so severely shocked by the rude breaking of them so frequently. deed, the poet might be paraphrased to

I never loved a pill or powder,
To gladden me with its fine effect,
But some big man came from under,
And gave it one in the neck.

—*The Times and Register*

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, JULY, 1893.

**THE FRENCH MEDICAL SCHOOLS
OF CANADA.**

Within a year or two ago there were no less than three distinct and separate medical schools in the Province of Quebec, one being at the city of Quebec and two at Montreal. That at Quebec was known as the Medical Faculty of Laval University, which furnished a large sum annually for its maintenance. Of the two medical schools at Montreal, one was known as the Montreal School of Medicine and Surgery, or more generally as Victoria, owing to its being in affiliation with Victoria University at Cobourg. The other was called the Laval branch, being affiliated with Laval University, Quebec, but receiving no financial support from it. For some years somewhat bitter rivalry existed between these schools, but at last an amicable arrangement was arrived at by which they were amalgamated, thus forming one great school with a large attendance of students. For it not only educates the medical men required for the wants of the province of Quebec, but it also provides nearly all the physicians required by the millions of French Canadians now residing in the New England and Western States. We have it on good authority that in the near future the Quebec faculty will join its forces with the Montreal one, thus concentrating all its resources on the one great French University at Montreal. It will then be in quite as good a position as McGill to afford a medical education second to

none in the world. It may not be generally known that Laval University was for nearly twenty years the only medical school in America which gave a course of four years consisting of ten months each.

The greatest difficulty she had to contend with was the reluctance of students to spend so much time in obtaining a degree when they could obtain it in a much shorter time elsewhere. Now, however, with only one French University, all students speaking only that language must make up their minds to submit to the longer and more thorough course of instruction. Another advantage resulting from the amalgamation of the two French schools is that the two large Hospitals, the Hotel Dieu and Notre Dame, are available for all the students, thus affording an immense amount of clinical experience. We predict for this great and influential school greater prosperity than it has ever yet enjoyed.

**VITAL STATISTICS IN THE PROVINCE
OF QUEBEC.**

In conformity with a law passed during the last session of the Legislature, the Provincial Board of Health will begin, with the 1st of July next, the collection of vital statistics in the 346 municipalities of the Province.

The important point in this law of statistics is to require that before any burial is allowed, a certificate signed by the physician who attended the deceased, and establishing the cause of death, be furnished to the person entrusted with the registers of civil status (the clergyman). When no physician has been called, two credible persons or the clergyman give a certificate establishing to the best of their knowledge the cause of death.

These certificates, which will be forwarded monthly to the Provincial Board of Health, will be a source of precious information for the Board. They will show what localities of the Province have the highest death-rate, which diseases have caused a heavy mortality in certain places and not in others, which are the diseases prevailing in certain districts, which seasons are most fatal, what ages and sexes suffer more, and what are the professions mostly affected, etc., etc.

These statistical data the Provincial Board will study with the result that often it may be able to indicate to municipalities the remedy which would reduce their death-rate, which in some cases is enormous. (15 municipalities had death-rates of over 50 per 1000 inhabitants during the year 1890).

But it is especially respecting contagious diseases that these certificates will be important to the Board. At the end of each month, the Board knowing the exact number of deaths caused by each contagious disease in every locality of the Province, will be enabled to inquire immediately into the measures taken to check such diseases, and by ordering a rigid enforcement of isolation and disinfection will often prevent an epidemic.

The Board relies upon the medical profession to furnish it with accurate and reliable data, and entertains no doubt as to its support, since the want of legislation on the subject, which existed up to last session, has often drawn the attention of the medical corps.

THE TREATMENT OF ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR.

By JAMES T. CAMPBELL, M.D. TOR., M.R.C.S. ENG.

Demonstrator of Anatomy in the Chicago Medical College; Physician to the South Side Dispensary, in the Nose, Throat and Chest Department, Chicago, Ill.

In a recent article it is reported that of 10,000 deaf-mutes in institutions in the United States and Canada, fifty per cent. of these are afflicted through having suffered from acute inflammation of the middle ear in infancy, scarlet fever of itself being credited with about 30 per cent. of these cases, while an untold multitude go through life with hearing to a greater or less extent impaired from damage done to the membrana tympani and ossicles. From this showing it appears to me that there must be something radically wrong in the treatment generally adopted.

As to prophylactic measures, the nasal douche should never be employed, because of the great danger of forcing fluids up through a patent Eustachian tube and its gaining admission to the tympanic cavity.

In all cases of inflammation of the tonsils or inflammation in the naso-pharynx, local antiseptic treatment should be adopted. Where there is interference with the free opening and drainage of the Eustachian tube during the act

of swallowing, as a result of hypertrophy of the adenoid tissue in the naso-pharynx, or a poly-poid degeneration of the posterior portion of one of the turbinated bodies, one should at once remove the obstructing mass.

When, however, inflammation of the middle ear has developed, local treatment must be employed. Instil into the external ear five to ten drops of a warmed 5 per cent. solution cocaine with a 2 per cent. solution of resorcin, tilting the head in such a position that the drops will become applied to the whole surface of the membrana tympani. Leave these drops in for ten to fifteen minutes, and then remove with a pledget of cotton-wool. Repeat this every three to four hours so long as pain in the ear continues.

Place a large gauze compress, which has been wrung out of a hot boracic acid solution, over the ear, and cover the whole with oiled silk, so as to retain the heat and moisture, changing this sufficiently often to keep the gauze constantly hot.

Inflate the middle ear with Politzer's rubber bag, using air which has been filtered by placing a small pad of antiseptic cotton-wool over the tip of the bulb during inspiration, force out the air, and repeat this process once or twice before using. Now place the patient's head in such a position that the Eustachian tube of the affected side is directed downward and forward during inflation; in this way not infrequently the exudation into the middle ear, particularly when it is serious in character, trickles down the patent tube. Repeat this inflation several times during the course of the day.

Should the physician not possess a Politzer bag, he may in an imperfect way try to accomplish the same result by taking a piece of rubber tubing, put one end within the child's nostril, and hold it in place by pinching the tip of the nostril between the index finger and the thumb, and then blowing very forcibly through the other end when the child swallows. With a child old enough to do as directed, the proper time to compress the air bulb in inflating the ear is just as the soft palate is raised during the act of swallowing a sip of water, or when having him say the word "huck." In an adult the most thorough plan is by using the Eustachian catheter in conjunction with the air bulb.

General derivative measures should be adopted by the use of saline cathartics, diuretics, diaphoretics and cardiac sedatives, while, in addition, it is well to place, in the case of a child, one, and in adults three, leeches in front of the tragus for fifteen minutes, to produce rapid depletion, being careful, however, to have a pledget of cotton-wool in the external meatus to prevent the entrance of leeches into the external ear.

These measures proving unavailing, as evidenced by pain increasing in severity, the membrana tympani being much reddened and swol-

len, with bulging and a yellowish coloration of the posterior segment, one must perform myringotomy.

The incision is made in the postero-inferior segment, from near the tip of malleus downwards. Then take Politzer's rubber bag, and, by way of the Eustachian tube, force the exudate in the middle ear out through the opening in the membrana tympani. Carefully syringe out the external ear with a saturated boracic acid solution, and, after drying out the ear, blow in some very finely powdered boracic acid, and place in the external meatus a plug of antiseptic cotton-wool. Continue the inflation twice daily, and see that the incision in the membrana tympani keeps open so long as any exudate continues to collect in the middle ear and can be forced out with the rubber bulb.

By carefully carrying out the above described measures we shall have a much smaller percentage of deaf-mutes in our midst, and have fewer suffers from perforated membranæ tympani and chronic suppuration of the middle ear, with all its attendant evils.—*Annals of Ophthalm. and Otology.*

BOOK NOTICES.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Second Edition. Revised. In Two Royal Octavo Volumes. Volume I, 353 pages: Devoted to Pharmacy, General Pharmacology, and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II, 680 pages: An Independent Volume upon Drugs. Volume I, in Cloth, \$2.50 net; Sheep, \$3.25 net. Volume II, in Cloth, \$3.50 net; Sheep \$4.50, net. Philadelphia: The F. A. Davis Company, publishers, 1914 and 1916 Cherry Street.

If works on Materia Medica and Therapeutics generally have a fault, it is that they pay so much attention to the drug treatment of disease that diet and other hygienic measures are completely ignored. This, however, cannot be said of the volume before us, for in preparing a second edition of the work, the author has earnestly desired to emphasize his profound conviction of the value of the natural forces and of mechan-

ical and physiological agencies in the treatment of disease. The great aim of practical medicine is the cure or relief of disease. In the effort to accomplish this object, the physician should strive to make use of every means by which the system of the patient may be benefited in its struggle with the malady. Enlightened therapeutics must be preceded by a correct diagnosis, and diagnosis, in its turn, should lead us to a diligent study of etiology. It is only after the nature of an ailment has been recognized and its origin ascertained that we can be in a position to intelligently apply methods of relief. Pathology is but modified physiology, and if we are able, at an early period, to remove or neutralize the action of a malific cause, we aid Nature in the re-establishment of normal function. The origin of specific infection comes from without, the genesis of toxic processes is to be sought within the organism. In each of these two great morbid types, the tissues and organs are injuriously affected by the presence of abnormal chemical products. The grand object of modern therapeutics is, therefore, to prevent, as far as possible, the formation of these deleterious substances; or, when this effort has failed, to promote their speedy and thorough elimination. We have learned to appreciate more justly the resistant as well as the reparative power of the economy. The germicidal properties of the blood-serum and the white cells and the increased activity of the eliminating organs protect us from the dangers by which we are every day and every hour surrounded. Exact experimentation has recently shown us the comparative facility with which hungering and thirsting animals succumb to infection. In these facts, thus briefly stated, we have the foundation of the rules which should govern the medical profession. Preventive medicine and sanitary science should be the first objects of study. In the emergency of dangerous epidemics, the profession has the active assistance of the public. The laity can perceive the advantage of free ventilation and efficient drainage, but the regulation of personal habits, in accordance with the laws of hygiene, is, for most, a task too difficult to accomplish. This fertile cause of disease is always in operation. The practitioner, therefore, is constantly confronted with preventable but firmly-established disease. The correction of unhealthy physical habits must be the first step in the course of successful treatment. The physician should be competent to regulate his patients' mode of life as regards exercise, work, diet, amusement and sleep. The physiology of digestion must be thoroughly studied; the chemical composition, the nutritive value, and the methods of preparation of foods should be understood. Much good is accomplished simply by the relief of the organs of digestion, assimilation and excretion. The spirits and tone of mind and the circulation and processes of

oxygenation improve in proportion to the benefit to digestion. Sleep becomes more sound and refreshing. Drugs can accomplish but a similar result, and will altogether fail unless their efficiency is promoted by the observance of physiological rules. Exhausted energy is re-established by the proper application of electrical force and the manipulations of massage. External heat compensates, in a measure, for weakness of the heat-forming apparatus, and is of advantage in conditions characterized by debility. It affords relief, also, in certain phases or periods of inflammatory disorders. The influence of cold, light, and music may, with great propriety and benefit, be utilized by the physician.

It is not essential that the physician should be a skilled pharmacist, but he should possess an intelligent conception of the methods of pharmacy and a familiar acquaintance with the physical and chemical properties of drugs. These subjects and the art of prescription-writing are, consequently, discussed, in the preliminary section of the book, from the standpoint of the general practitioner. The different modes of application or introduction of remedies, the Latin terms and phrases employed in prescriptions, the metric system, poisons and antidotes are also considered in this section.

In the chapter on "Electro-Therapeutics," one object has been held steadily in view—lucidity. The physical properties of this force, its modes of generation, the laws which regulate its manifestation and the mechanical means by which it is applied, are described as briefly as is consistent with utility. The importance of electricity in the diagnosis of nervous affections and its value and indications in therapeutics are fully discussed. The physiological effects and the therapeutic applications of massage, so often synergistic with electricity, form the subject of a succeeding section. The paragraph upon the method of prescribing massage will, it is believed, be useful in securing the fullest benefit of this valuable procedure. The importance of pneumotherapy is pointed out, and the usefulness and the mode of administration of oxygen is described. The chapters on "Hydrotherapy," "Climate," "Diet," "Heat," "Cold" and other physiological agencies, have all been rewritten.

The author hopes that his care and labor have succeeded in bringing within moderate compass, information valuable alike to the physician and patient. He trusts, likewise, that this volume may be of service in demonstrating how much can be accomplished in the practice of medicine without the use of drugs, and how much the activity of drugs is enhanced by the judicious combination with physiological remedies.

This volume, especially, is so charmingly written that we would advise our readers to procure a copy.

VOL. I.—TREATISE ON THE THEORY AND PRACTICE OF MEDICINE, by American teachers, edited by William Pepper, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. *For sale by Subscription only. Price per Volume, Cloth, \$5; Sheep, \$6; Half Russia, \$7.* W. B. Saunders, Publisher, 913 Walnut Street, Philadelphia, Pa.

This work, on the Theory and Practice of Medicine, has been issued in two handsome royal octavo volumes, of about 1000 pages each, containing numerous woodcuts and colored plate illustrations to elucidate the text whenever necessary. It is composed of a series of articles (each bearing the author's name) upon each disease or set of diseases by various authorities, selected with care from the faculties of the various medical schools of the country, with a view to obtain the very best and latest opinions and treatment of specialists in each department of medicine, and will, therefore, thoroughly represent the subjects taught in American colleges.

The articles are not written as though addressed to students in lectures, but are exhaustive descriptions of diseases with the newest facts as regards Causation, Symptomatology, Diagnosis, Prognosis and Treatment, and will include a large number of approved Formulæ. The recent advances made in the study of the bacterial origin of various diseases are fully described, as well as the bearing of the knowledge so gained upon prevention and cure. The subjects of Bacteriology as a whole and of immunity are fully considered in a separate section.

Methods of diagnosis are given the most minute and careful attention, thus enabling the reader to learn the very latest methods of investigation without consulting works specially devoted to the subject.

In the matter of treatment there is much that is entirely new; for instance, the subject of cure by injection of blood-serum from immunized animals, now attracting much attention, is thoroughly discussed under the different diseases.

Hygiene forms the opening chapter of volume one, and under each disease methods of prevention are carefully discussed.

Very considerable space is devoted to the important subjects of Insanity and Urinalysis.

The following is the list of authors.

Hygiene, J. S. Billings, M.D.; Kidneys and Lungs, Francis Delafield, M.D.; Peritoneum, Liver and Pancreas, R. H. Fitz, M.D.; Urine (Chemistry and Microscopy), James W. Holland, M.D.; Heart, Aorta, Arteries and Veins, E. G. Janeway, M.D.; Diathetic Diseases (Rheumatism, Rheumatoid Arthritis, Gout, Lithæmia, and Diabetes). Henry M. Lyman,

M.D.; Blood and Spleen, William Osler, M.D.; Fevers (Ephemeral, Simple Continue, Typhus, Typhoid, Epidemic Cerebro-Spinal Meningitis, and Relapsing), Pharynx, Oesophagus, Stomach and Intestines (Including Intestinal Parasites), William Pepper, M.D.; Tuberculosis, Scrofula, Syphilis, Diphtheria, Erysipelas Malaria, Cholera, and Yellow Fever. W. Gilman Thompson, M.D.; Inflammation, Embolism, Thrombosis, Fever and Bacteriology, W. H. Welch, M.D.; Scarlatina, Measles, Rotheln, Variola, Varioloid, Vaccinia, Varicella, Mumps, Whooping-Cough, Anthrax, Hydrophobia, Trichinosis, Actinomycosis, Glanders and Tetanus, James T. Whittaker, M.D.; Air-Passages (Larynx and Bronchi) and Pleura, James C. Wilson, M.D.; Nervous, Muscular, and Mental Diseases (Including Opium Habit, etc), Horatio C. Wood, M. D., William Osler, M.D.

From the above list of names of contributors to this work we need hardly say that it must represent truly the best teaching on the science and art of medicine at the present time in this country. The article on Hygiene at the beginning and the chapters on Bacteriology and Intestinal Parasites are remarkably well written. While fifty-eight figures and diagrams, and three colored lithographic plates amply illustrate the text. The publishers have exhibited great enterprise in undertaking preparation of such an elegant and complete text-book. The fact that it is edited by Professor Pepper, is a guarantee that the second volume will be fully up to the high standard of the first.

ELEMENTARY PHYSIOLOGY FOR STUDENTS. By Alfred T. Scholfield, M.D., M.R.C.S., late House Physician to the London Hospital; Special Lecturer National Health Society. In one handsome 12mo. volume of 385 pages, with 227 engravings and 2 colored plates. Cloth \$2. Philadelphia, Lea Brothers & Co.

The author has presented a compact text-book of Physiology for medical students, selecting, as far as possible, the definitely ascertained facts of the science and avoiding theory except where it is necessary to connect thereby isolated items of positive and essential knowledge. By the aid of a concise style this is accomplished in a volume of moderate size, priced so as to be within the command of all. A rational grasp of its subject is facilitated by the clearness of the style, the intelligent use of heavy type for important headings in the text, and the brief marginal notes, which epitomize the paragraphs and guide reference thereto. The work is exceptionally rich in illustrations, its 385 pages being embellished with no less than 227 beautiful engravings and two colored plates containing 30 figures. A favorable reception for such a work seems assured.

MODERN GYNECOLOGY, a Treatise on Diseases of Women. Comprising the results of the latest investigations and treatment in this branch of Medical Science. By Charles H. Bushong, M.D., Assistant Gynecologist to the Demilt Dispensary, New York, formerly attending Physician to the Northern Dispensary, and assistant to the Vanderbilt Clinic College of Physicians and Surgeons, New York.

The design of this work is to cover the progressive field of Gynecological Science to date; and is largely devoted to the most improved measures and recent methods of operation and treatment, that come within the scope of, and that can be of service to the general practitioner.

The major operations are not given in detail, though the symptoms indicating the services of a specialist are fully described. Illustrated by upwards of one-hundred engravings.

One large 8vo Vol., Cloth 400 Pages. Fully illustrated, \$2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

METHODS OF PRECISION IN THE INVESTIGATION OF DISORDERS OF DIGESTION, by J. H. Kellogg, M. D.

Superintendent of the Sanitarium at Battle Creek, Mich., Member of the American Medical Association, Michigan State Medical Society, American Public Health Association, British and American Associations for the Advancement of Science, American Microscopical Society, American Social Science Association, Mississippi Valley Medical Association, Société D'Hygiène of France. British Gynecological Society, and of the International Periodical Gynecological Congress. Modern Medicine Pub. Co. Battle Creek, Mich, 1893.

DR. JACQUES NATTUS, Hygiène des Fiancés. Société d'éditions Scientifiques; Paris, Place de L'Ecole-de-Médecine, 4 rue Antoine-Dubois; 1893.

To those about to choose a wife on scientific principles, this little work would prove of great service, for the author not only gives all the tests for beauty of form and character, but also tells what kind of a father-in-law and mother-in-law one should select. Unfortunately, very few people do make their choice of a life companion in that way, and it is fortunate that they do not. The old-fashioned way of choosing the one they fall in love with and continue to love for a reasonable length of time, say for about a year, has given on the whole very satisfactory results.

The author's advice on the subject of honeymoons, which he severely condemns, is very good, and the reasons for doing so are well worth reading. As medical men are often consulted on a question of so much interest to the life-

long happiness of their patients, it would be well to obtain this small book of consultation.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third series. Volume the fourteenth. Philadelphia: printed for the College, 1892.

This is a handsome volume of nearly 250 pages, and contains besides the address of the President, Dr. Weir Mitchell, a number of interesting papers, including among others Aeromegaly, by Packard; Cystic Degeneration of the Muscular Fibres of the Heart, Meigs; Obscure Forms of Gout by Dulles; Removal of Uterine Fibrinata by Baldy; Notes on Irritable Heart in Neurasthenic Cases and the Effect of Limited Muscular Action of the Heart in Health and Disease, by John K. Mitchell; A Common Price in the Vermiform Appendix with Secondary Abscess of Liver, by George E. Shoemaker; Hysterical Rapid Respiration, with cases, by Dr. Weir Mitchell. These and many other papers of the greatest interest and written in faultless style make up a volume of which the College of Physicians of Philadelphia may well be proud.

A REMARKABLE RESPIRATION RECORD IN INFANTILE PNEUMONIA. (Reprinted from the Archives of Pediatrics, March, 1892.) Acute Enlargement of the Thyroid Gland, Anglo-Neurotic (Edema) (Reprinted from the International Medical Magazine, April, 1892), by William A. Edwards, M.D., San Diego, California, Fellow of the College of Physicians of Philadelphia, American Pediatric and Philadelphia Pathological Societies; formerly Instructor in Clinical Medicine and Physician to the Medical Dispensary in the University of Pennsylvania; Physician to St. Joseph's Hospital; Associate Pathologist to the Philadelphia Hospital, and Member Advisory Council for the Section on Diseases of Children of the Pan-American Medical Congress.

REPRINTED FROM UNIVERSITY MEDICAL MAGAZINE, March, 1893. Report of a case of syringomyelia, with exhibition of sections of the spinal cord, by James Hendrie Lloyd, A.M., M.D., Physician to the Philadelphia Hospital, to the Methodist Episcopal Hospital, and to the Home for Crippled Children.

CHOLERA: ITS CAUSES, SYMPTOMS, PATHOLOGY AND TREATMENT, by Roberts Bartholow, M.D., LL.D., Emeritus Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia. In one 12mo volume of 127 pages, with 9 engravings. Cloth, \$1.25. Philadelphia: Lea Brothers & Co., 1893.

THE LITERATURE OF SEA-SICKNESS, by J. A. Irwin, M.A. Cantab., M.A., M.D. Dub., M.R.C.S. Eng., etc., New York. Reprinted from the *Medical Record*, May 20, 1893. New York, Trow Directory Printing and Bookbinding Co. 201-213 East Twelfth Street; 1893.

LES ACCIDENTS DE LA PREMIÈRE DENTITION, par P. Poinot, directeur de l'Ecole Dentaire de Paris, correspondant de la Société Odontologique de Londres, officier d'Académie, dentiste de l'Asile Clinique Ste. Anne. Paris: Société d'Editions Scientifiques, Place de l'Ecole-de-Médecine 4, rue Antoine-Dubois; 1893

CLASS-ROOM NOTES.

[From the *College and Clinical Record*.]

Prof. Wilson believes that the salicylates are almost specifics in *Rheumatism*.

Prof. Wilson in the treatment of *Diphtheria* with the mercurials prefers calomel.

Prof. Graham says children require a different treatment in cases of *Appendicitis* from adults.

Prof. Hare thinks *Croton Chloral* is infinitely preferable to chloral in sleeplessness due to pain.

Prof. Keen says that a dose of *Digitalis* administered before an operation will often avert a shock.

Prof. Hare says *Croton Oil* should never be employed as a purgative except in cases of extreme necessity.

Prof. Hare believes that *Digitalis* only manifests an action on the nervous system taken in poisonous doses.

The *Normal Salt Solution*, Prof. Keen states, is about a teaspoonful of salt dissolved well in a pint of sterilized water.

In cases of severe *Chordee* Prof. Keen states that if leeches are applied they will prove effective in reducing it.

Prof. Wilson says it is a common occurrence in cases of *Scarlet Fever* that the rash will not appear around the margins of the lip.

Prof. Keen says that *Lupus Exedens*, which appears most commonly on the face, is not tubercular, but an affection of the epithelial type.

As a *Disinfectant for Urine* in cases of gonorrhœa, Prof. Keen recommends either salol or boracic acid in ten-grain doses three times a day.

Prof. Keen says there is at present no positive symptom known by which we can diagnose between a *subdural* and an *extradural* hemorrhage.

Prof. Graham pointed out the fact that in cases of *Empyema* occurring in children, the pus is very often absorbed, but that in adults it is never absorbed.

The Canada Medical Record.

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NOTES ON ACUTE TONSILLITIS.

By SOLOMON SOLIS COHEN, M.D.

Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic, etc.

The facts that now and again I meet with references to an article upon "Acute Tonsillitis," contributed by me to *The Medical News* for August 11, 1883, and that further observation has somewhat modified, somewhat enlarged the views there expressed, lead me to make a brief record of later experience.

I still believe that for therapeutic purposes the distinction between rheumatic and non-rheumatic cases is most important, the former requiring constitutional treatment, the latter being often amenable to topical treatment only. Excluding from consideration those cases in which obvious

endocarditis or pericarditis or articular inflammation co-exists with, or precedes, or follows, the manifestations of sore throat there is still a large number of cases that, may be considered rheumatic.

The local treatment that I now advise in *rheumatic cases* is the use of a gargle, slightly modified from that of which the formula (not original with me) has been and is still being so widely copied from my communication to *The Medical News* previously referred to.

It consists of four fluid-drams of the ammoniated tincture of guaiac, shaken up with two fluid-drams of compound tincture of cinchona and six fluid-drams of refined honey, to which are slowly added two fluid-ounces of the concentrated infusion of coca, and enough water to complete the six ounces, in which are dissolved ninety grains of sodium salicylate. At intervals varying from a half-hour to two hours, a tablespoon-

ful is used in divided portions as a gargle, and a portion of the gargle is swallowed, if deemed advisable. The same method may be employed in non-rheumatic or doubtful cases, concerning which, however, some additional remarks are to be made later. Previously to the gargling, in cases of so-called folliculous tonsillitis, whether rheumatic or not, an application of a 10 per cent. solution of cocaine is made to the tonsil, and the plugs of sebum, disquamated epithelium, and bacteria removed with a scoop, as far as practicable. If the inflammation is severe, or suppuration is evident, or apparently imminent, scarification or incision is practised.

In addition, heat is applied to the neck externally, and in cases attended with much infiltration of the submaxillary tissues, or with glandular involvement, inunctions of a 50 per cent. ointment of ichthyol are made.

In some cases, pieces of ice allowed to melt in the mouth from time to time, and in other cases sips of hot water or hot milk, assist in the relief of pain. A useful expedient to mitigate odynphagia is, at the moment of glutition, to pull downward the lobe of the ear on the affected side; this diminishes the tension of the parts caused by the increase in size of the swollen tonsil.

In rheumatic cases, however, local treatment is of less importance than constitutional treatment, especially if the patient be seen early. In my former communication, the use of sodium salicylate was advised. It constitutes good treatment, and is usually efficacious. Since salol was introduced, however, I have fallen into the habit of prescribing it in preference to the sodium salt, as it is less likely to be objected to or to derange digestion. To an adult, five grains of salol are given in powder every second hour, until tinnitus is produced, or thirty grains (the daily maximum) are taken, unless it should cause suppression of urine or symptoms of vesical or renal irri-

tation, or the urine should become discolored. In the presence of any of these symptoms of carbolic-acid poisoning, the salol is withheld, and sodium salicylate, oil of gaultheria, or cinchonidine salicylate is substituted.

In the treatment of anæmic patients, and more especially of those who are subject to frequently-recurring attacks of articular rheumatism or of tonsillitis, the mixture of tincture of iron chlorid and sodium salicylate, to which I have given the name of *mistura ferro-salicylate* (in the House Pharmacopeias of the Philadelphia Polyclinic, Jefferson Medical College Hospital, and Philadelphia Hospital) is employed in preference. Of this, two fluidrams (representing fifteen minims of the iron tincture and fifteen grains of the salicylate) are given in water every second hour until tinnitus is caused, or relief is experienced, or until six doses have been taken, when it is intermitted or discontinued for the day. After one, two or three days of treatment with salol or sodium salicylate or the combination of the latter with iron, cinchonidine salicylate in doses of five grains every second, third or fourth hour is substituted and continued throughout convalescence. Often the last-named drug is given in doses of five grains, night and morning, for two or three weeks after recovery.

Patients not specially anæmic, but subject to frequent recurrences of sore-throat, are treated with cinchonidine salicylate from the outset. In every case a full dose of some saline cathartic, usually Rochelle salts, is given previously to the administration of the specific remedy, and throughout the case the bowels are kept freely open, by drugs if necessary. A milk diet is preferable; indeed, the patient is rarely able to swallow solids.

In non-rheumatic cases, whether folliculous or herpetic, I am now accustomed to alternate the guaiac gargle, made with potassium chlorate or sodium salicylate or

sodium borate, rarely sodium bicarbonate, with a spray or a gargle of a five-volume solution of hydrogen dioxid, sometimes rendered alkaline with sodium borate or bicarbonate. When there is much pain, the addition of cocaine (about 2 per cent.) to the spray is often quite grateful. When cocaine is used, however, the sodium salts are omitted, else the insoluble cocaine borate or cocaine carbonate would be formed. In the case of children who cannot gargle (though it is surprising how soon the little ones learn), it is directed that a little of the guaiac-mixture be swallowed slowly at such intervals as are practicable or judicious, and dependence is placed chiefly on sprays of the solution of hydrogen dioxid. As sore-throat of any description predisposes to diphtheritic infection, a sponge on which, from time to time, a few drops of eucalyptol are placed is suspended from a tape loosely tied about the neck of the child.

Unless idiosyncrasy contraindicate, calomel is usually given internally in small or moderate doses, continued for about twelve hours; to a child of three or four years, one-eighth or one-quarter grain every second hour; to an adult two grains every fourth hour. This is of less importance, however, than the local treatment.

In cases of parenchymatous tonsillitis and peritonsillar abscess, scarification and incision are, of course, demanded. I have recently seen a case in which it became necessary to incise tonsillar, peritonsillar, and post-palatine abscesses on four occasions, and the duration of the case extended over four weeks, partly owing to the fact, no doubt, that the patient would not remain at home, but went to her work daily after the first forty-eight hours, when febrile symptoms had subsided.

In the case of a patient with much enlarged tonsils, who had for many years been subject to frequent attacks of tonsil-

litis, invariably proceeding to suppuration, the treatment here outlined was instituted in the first attack to which I was called, but failed to prevent the usual issue. At the inception of the next attack, multiple punctures with the electric cautery-point were made throughout the substance of the affected gland. Reaction was not severe, and recovery from the disease and the treatment was complete in three days, without suppuration.

Special reference should be made to the *tonsillitis of influenza*. It was not uncommon in Philadelphia, even prior to 1889, to see cases of catarrhal fever in which the earliest manifestations were inflammation of the tonsil and neighboring structures. These cases usually did best when treated with cinchonidine salicylate. During the pandemic of 1889, and since, the special form of sore-throat described by Glasgow and by Seiler was quite common. In this the tonsil became swollen and red, sometimes covered with a grayish or pearlish exudation, often pellicular; and usually the palate and uvula were swollen and cedematous-looking. The apparent cedema, however, was of a peculiar type, puncture giving exit not to serum, but to a viscid, lymph-like fluid, which formed long, coherent threads. Some of these cases are mistaken for diphtheria, and so reported. Constitutional treatment, especially the free use of sodium benzoate, is more useful than topical measures. Of the latter, a spray of the solution of hydrogen dioxid and cocaine, and inunctions of ichthyol seem most efficacious.

Herpetic tonsillitis derives a special importance from its liability to be mistaken for diphtheria. It is but rarely seen in the papular or vesicular stage, and when the vesicles have ruptured and the little ulcerations thus formed are covered with exudate, the discrimination is often difficult and sometimes impossible. When the diagnosis has been made, palliative treat-

ment only is necessary, the disease invariably tending to recovery. In cases of doubt, the patient should be isolated and treated as for diphtheria.

In the diagnosis of herpetic tonsillitis, the coincidence of herpes labialis is considered an evidence of some value, though not pathognomonic. I have recently seen, however, a series of cases (two of them in one household: mother, aged forty-five years, and son, aged six years) in which extensive herpes of the lips and face was followed by intense pain in swallowing, referred to a "spot" on one tonsil—not, however, capable of detection by objective sign other than greater sensitiveness to pressure with a probe. There was neither papule nor vesicle, ulcer nor exudate to be seen during the whole duration of the affection, which varied from forty-eight hours to five days. In each of five cases the first "fever blister" appeared at the left angle of the lips; the left tonsil was intensely reddened, though not swollen, while submental glandular enlargement was found just behind the maxillary symphysis. Recovery appeared to be spontaneous. In one case, however, that of a little colored girl, the glandular enlargement showed a tendency to extend, subsiding and disappearing after, if not because of, the application of ichthyol.—*Med. News.*

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, February 17th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN
THE CHAIR.

Case of Bradycardia.

We must probably in some cases take into account the mechanical factor; where there is valvular disease preventing the filling of the left ventricle, the systole is retarded, and there is a prolonged diastolic pause. The prognosis in these cases is not good. It is said to be worse where there is actual organic disease of the heart. The great danger is in lowering the heart beat to an extreme degree, which is

known to give rise to epileptiform attacks. An important point to make sure of in such cases is that the pulse and the heart beat are synchronous, as the pulse may be retarded through some obstruction or disease of the vessels, while the heart is normal. In this case this fact was repeatedly observed. As regards treatment, moderate degrees of bradycardia require no treatment. In organic disease, especially where there is failure of compensation, it may and commonly does require cardiac tonics. In other cases where the etiology is not clear, we may resort to symptomatic treatment, here nitro-glycerine seems to have succeeded best. In the face of convulsive paroxysm or fainting attacks the hypodermic use of stimulants seems to be the best.

Dr. ADAMI—It is a difficult thing here to determine whether one is dealing with a mere mechanical condition or some condition other than mere stenosis. Sometimes extreme cases of stenosis occur with a normal pulse, and, in a case like this, he would seek the explanation in something else than the condition of the valves. In this very curious case we must have as a cause something further than the condition of the valves; some disturbance of the nerves of the heart; some kind of irritation. But, as Dr. Lafleur has said, the condition is an extremely obscure one. Investigators of cardiac phenomena have ascertained that under certain conditions the perfect sequence of the auricular and ventricular systole may be disturbed; the ventricle may beat at half the normal rate, while the auricle continues its normal rhythm. As an explanation of this, someone recently investigating among the lower animals finds that there is a distinct wave passing from auricle to ventricle, and that the difference in time between these acts is represented by the amount of resistance obstructing the transmission of this wave. So that the reason why the ventricular systole is not simultaneous with that of the auricle is because a certain length of time is required for the impulse to travel from the auricular to the ventricular muscles. Now, in a case of this kind it is conceivable that some kind of a disturbance of the transmitting medium may exist by which the impulse is delayed in its passage, the transmission may be slower than normal, and as a consequence the contractions of the ventricle slower than those of the auricle, hence the bradycardia.

Dr. LAFLEUR said, in reply to a question asked by Dr. Mills, that his instructions were to take the temperature in the morning on arising; then at mid-day (whether this was done before or after the mid-day meal, he was unable to say); and lastly in the evening after his dinner.

With regard to Dr. Adami's remarks about the rarity of finding a subnormal temperature

in connection with bradycardia, this case is by no means in that respect an isolated case. The great majority of the cases summarized by Prentiss also showed subnormal temperatures. With regard to etiology he did not wish in any way to insist upon the mechanical idea as an explanation, but in some cases it seems conceivable that such may be, not the sole cause, but one of the causes.

Dr. WESLEY MILLS said that the reason he had asked the question, relative to the conditions under which temperature, etc., were taken, was that there might be no misapprehension by Dr. Lafleur with regard to subnormal temperatures. With the help of some of his present and past students he had recently been conducting some investigations on that subject, and found that if one takes temperatures a good deal, and takes them very frequently during the day, and of a good many different people, he will be surprised how often he gets below 97° , and also the number of people who have temperatures in that region at certain hours in the day. We have what are apparently subnormal temperatures existing as the normal condition of certain individuals, and that these individuals are by no means rare.

As regards the pulse, nearly every year someone comes to him and reports, either in himself or some acquaintance, a condition of bradycardia, so that like subnormal temperatures slow pulse is not so rare a phenomena as it was once thought; and that, further, its presence in an individual is compatible and concomitant with apparently good health.

Dr. Lafleur seemed to think that in venturing his suggestion as to a possible explanation in his case, he was announcing a theory in direct opposition to his (Dr. Mills) views. He is not opposed to mechanical explanations as contributing factors. A few years ago mechanical explanations were the only ones; and it was as "sole causes" that he opposed them. In the present case, no doubt, the mechanical explanation is a link in the etiological chain, but it is only a link, and it only extends a certain length. Why should we rest content with the mechanical part of the explanation? A heart is a living thing composed of cells, which, while life is present, are continually subjected to a never ending and ever changing metabolism, and it is preposterous to explain the functioning of such an organ by hydraulics alone. Hydraulics may do for the larger arteries, but they are quite inadequate in the face of the complexity of the heart.

Blood pressure has to be taken into account in explaining the heart beat, as he has distinctly noticed, that in the fishes' heart, blood pressure had a great influence in the character of the beat. He referred to a case of a London physician, in whom the nervous system bore an

important and clear relation to the rapidity of the beat. This man, when working, found his pulse sink as low as forty. Then, of course, we must distinguish between these physiological and pathological cases, so that bradycardia may mean very much, and it may mean but very little. There is a point brought out by the researches of Doctors Adami and Roy relative to the nutrition of the heart through the coronary arteries, and to some newly discovered nerves which regulate this nutrition, which he (Dr. Mills) would like to hear discussed at some future time.

Dr. LAFLEUR in replying had only to say that he alluded to the mechanical explanation of the problem, not as any explanation of the work and results of Dr. Adami or his confrère, but solely with reference to those cases that had been reported lately, and which had been already mentioned. With regard to normal bradycardia, it is a phenomenon so well known that he did not think it worth mentioning; for instance, there is the oft spoken of case of Napoleon Bonaparte, the slowness of whose pulse has been a matter of historical comment. In relation to the effects of study on the pulse, from observations on his own pulse, he was inclined to think that close study has a certain effect in reducing the rapidity of the heart beat, and in his student days, at the trying times of approaching examinations, he especially noticed, were potent factors in bringing about such a phenomenon.

Remarks on a Recent Epidemic of Typhoid Fever in Montreal.—Dr. WYATT JOHNSON

said that a good deal of attention has been attracted to the considerable number of cases of typhoid which have arisen during the last three months, among the customers of a well known milk dealer here. This epidemic, if it might be called such, is not very extensive, not very serious as regards the number of deaths, although the proportion of mortality is quite up to the average in typhoid (3 in 20); so that the loss of life has not been sufficient to attract very great attention from the public, and it might pass unnoticed, were it not that it has brought out very strikingly some defects of our present sanitary system and the *modus operandi* of our local health office. The more you investigate the case, the more it shows a lack of co-operation and a lack of intelligent investigation of these infectious diseases; and, of course, what applies to this particular outbreak would apply to the outbreak of any other infectious disease, more especially to cholera. We are informed by the greatest authorities that there is high probability of cholera this year becoming generally epidemic in America; and it behooves us, therefore, to be on the alert and see that no precaution is neglected which might spare us from the plague. Now, I think we are all agreed that the sanitary methods have

greatly changed within the past few years, and that owing to better methods of research (especially as to infectious diseases) some form of laboratorial investigation is absolutely indispensable in any well equipped modern health office. It is possible, of course, to find out a great deal by examinations as to localities and the run of cases; but, at the same time, there is a certain degree of certainty and permanence furnished by laboratory experiments not found in any other way. The condition of the city is simply this: They never attempt to look for the germs of any infectious disease, they never investigate as to the locality and sanitary surroundings from which the milk is obtained. The milk is analyzed, it is true, but only with a view to detecting gross adulterations and inferior quality, they are not in a position to do any more.

He called the attention of the Society to this matter, in the hope that some of its members who have more experience than himself in health matters will take some steps to bring about a more satisfactory state of affairs. The need of adopting some plan by which, when a case of infectious disease occurs in the city, the health authorities shall properly and scientifically investigate the same, is obvious in the light of our present knowledge of the etiology of these affections. At the present time the health department is much hampered in its work by the conflicting interest of the "powers that be." The city is rich, and they can afford to pay for the detection of contagious diseases. There are three special points in connection with this matter: (I) The health of the city is largely dependent on the health of the surrounding municipalities, and on this account he thought the business had better be done by the provincial board, whose jurisdiction would extend to these places. (II) Practitioners do not report their cases of typhoid as promptly as they should, and some apparently do not report them at all. Now, it is very evident that unless practitioners reform in this respect, the efforts of any board of health, to be thorough, will be of but little avail. They have no other way to find out suspicious cases, except through the doctors. (III) The necessity of something being done in this respect within a reasonable space of time. As on our prompt and efficient organization will depend our prospect of being able to guard against cholera, the early recognition of cases affords the only chance of suppressing small outbreaks, and to recognize the disease early we must resort to bacteriological examination. The results of laboratorial investigation are, as a rule, more satisfactory in the case of cholera than that of typhoid, because it can be done so much more speedily. With practice, cholera cases can be positively diagnosed in the course of from 24 to 36 hours, and of course that is a great advantage. The

Provincial Board of Health have, of late years, been trying to get this matter on a proper basis. The late Dr. R. L. MacDonnell, especially, tried to accomplish this purpose. It is thought that the Society might join its voice to the demands of the Provincial Board of Health, passing resolutions, making suggestions that may seem proper, and in every possible way insisting upon the establishment of a laboratorial apartment at once for the bacteriological examination.

Dr. KIRKPATRICK stated that in the General Hospital in the winter of '90 and '91 an epidemic of typhoid occurred amongst the nurses and the employees. There were in all fourteen cases, five nurses, two cooks, a wardmaid, an orderly and a fireman. At the time of this outbreak the drainage system was found to be in remarkably good order; some slight defects found, however, were remedied. The milk supply was obtained from a man on the Longue Pointe road, who, it seems, was wont to purchase six or eight gallons daily to fill up the quantity required at the hospital, from a man on the same road, but nearer town. This latter milk was put into the kitchen for cooking purposes, a fact which was brought out by the subsequent investigation. An official examination was made of both places. The first place, that of the man who had the contract, was pronounced everything that could be desired, and no suspicion could be attached to it as the source of infection. Such, however, was not the case with the second place, that of the man who supplied the shortage in the required quantity. He was found to keep a dirty stable, cows in poor condition, pens under the same roof as the stable, and it was the custom to set them down on the dirty floor where the dogs were wont to run and gambol amongst them. The well was situated about 60 feet from the barn, and there was a strong suspicion that he obtained a good deal of his water from the river. Everything in the place contributed to fasten suspicion on this man's premises as the source of infection, and this suspicion was further confirmed later on in October by receiving a patient with typhoid who had been taking milk from this same individual. Yet, owing to the imperfections in our methods of investigation, we could do no more than suspect the real state of affairs. No positive proof could be adduced by the department whereby the guilt might be fastened on this man's place, and effort made to have him change his method of carrying on business.

Dr. J. C. CAMERON related a similar experience the profession had 15 or 16 years ago, and how futile were their efforts to get passed any remedial legislation. Although they succeeded in tracing some 30 cases to one milk supply, upon applying to the authorities to interfere in

the matter, they were plainly told they were dealing with a large industry, one that involved a good deal of money, and, unless there was a peremptory public demand behind them, one which was too powerful for them to ignore, they could not as public servants take on themselves to disturb it.

Now, it is possible for us to do more, we have now a provincial board which we had not then; but as regards the outlying municipalities, the city health authorities might easily do a great deal. They might make it necessary for country people to obtain a license before selling milk for city use, and only grant licenses to those who kept their quarters in good sanitary condition. The city can exclude milk from places that will not submit to periodical inspection, and by these and similar measures they might easily obtain a fair control over the city milk supply.

But we must not expect that we are going to obtain such results by the mere passing of a resolution, we have to fight against a large and influential industry, and, to do so successfully, we must have some system in our mode of attack. We must be prepared to go before the public, and work them up to a good, wholesome, sound feeling in this matter, and, especially with the cholera scare as a lever, we may get them to decide whether their lives or the vested interests of the milkmen are of the most importance. (1) Insist upon the refusal of licences to all milkmen who are not ready and willing at all times to have their places inspected; (2) to have the provincial authorities take the matter up and appoint a specialist for the bacteriological examination of milk, etc., so as to ensure the early detection of contagious disease. This, roughly speaking, is the programme we should set before ourselves to obtain, and it would be well to appoint a special committee to undertake the executive of the steps required in this direction.

Dr. F. W. CAMPBELL agreed with Dr. Cameron as to the difficulty of getting our legislators to move in such matters, unless a strong public opinion is first roused in that direction. At the epidemic referred to by Dr. Cameron our investigation was very satisfactory, we discovered the source of the epidemic. He saw a difficulty in approaching the council on this matter, for he did not think we would get them to attach another hand to the Health Committee. Our only hope lies in the Provincial Board of Health. At the present time this is a very intelligent board.

The President then nominated the following committee to draw up resolutions embodying the views of the society: Drs. J. C. Cameron, F. W. Campbell, J. G. Adami, Wesley Mills and D. McEachran.

Progress of Medicine.

THE CARE AND TREATMENT OF DIP-SOMANIA.

At a recent meeting of the American Association for the Study and Cure of Inebriety, Dr. Edward C. Mann, of Brooklyn, N. Y., Superintendent of Sunnyside Hospital for diseases of the nervous system, alcoholism, and the opium habit, which is one of the most successful institutions for the treatment of these diseases, read a paper on "Science vs. Folly in the treatment of disease caused by the abuse of stimulants and narcotics: A plea for the suppression of the nostrum, patent medicine, and specific in rational therapeutics." It should be the aim of the scientific physician, said Dr. Mann (*Medical Age*), to see that the conditions of life are in the air his patients breathe and the food they eat. He must see to the conditions of primary assimilation—which consists of the changes which proximate principles undergo previous to their conversion into the blood—and likewise those of secondary assimilation, by which portions of the blood are converted into organic tissue and are again removed from the system by retrograde metamorphosis. The use of stimulants and narcotics operates to the derangement of the conditions of life, by interfering with primary and secondary assimilation. Alcohol produces irritation, and irritation of a part causes an excess of action in that part, producing morbid affections. Irritation perverts nutrition and arrests the vital powers. Dr. Mann recommended the following in the treatment of dipsomania; it acts as a tonic and sedative, and antagonizes the effects of alcohol in the various structures of the body, including degenerative changes in the brain:

R Quinia sulph., gr. ij.
Zinc oxide, gr. ij.
Strychnia sulph., gr. 1-40.
Arsenic, gr. 1-100.
Capsicum, gr. ij.

M. et ft. pil. No. j. Sig.: One pill three times a day.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days the following hypodermatic dosimetry:

R Strychnia nitrat., gr. j.
Aque dest., ʒss.

M. Sig.: Eight minims daily for eight days: four minims daily for another eight days.

To quiet the morning nausea of alcoholics, two or three drops of wine of ipecac on the tongue, fasting.

The patient is kept in bed for the first few days, and nourished with milk and meat-juice.

Hydrotherapy and electrotherapy are employed. To induce sleep, the following sedative is administered at night for a few days :

R Tr. opii deod.,
Fl. ext. hyoscy.,
Chloral hydrat.,
Pot. bromid.,
Tr. capsici, ʒss.
Tr. aconit. rad., Mv.
Aqua menth. pip., ad ʒiv.

M. Sig.: Two tablespoonfuls at bedtime for a few days only, freely diluted with water.

If the patient is very much excited and is bordering on delirium tremens, the following is useful for two or three nights :

R Hyoscin. hydrobromat., gr. j.
Aque dest., ʒiv.
Spt vini rect., ʒj.

M. et. ft. hypodermatic solution. Sig.: Dose from 5 to 10 minims *pro re nata*.

The Diet Table in Dr. Mann's hospital consists of milk, eggs, oysters, meats, fish of all kinds, buttermilk, and koumiss *plus* a minimum amount of the cereals. Vegetables and starchy foods allowed only very sparingly, the idea being to rely on a diet which requires the least vital force and oxygen to digest, assimilate, and appropriate it, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield energy, which is the expression of vital activity, and give the largest working power for the amount of food taken.

By such a plan of treatment, patients are sent out with restored health, the craving for alcohol gone, the lost will power restored, the shattered nervous system built up, and with a concentration of energy, physical ability, and mental activity obtainable by no other plan of treatment.

A SEVENTH CASE OF TRAUMATIC TETANUS TREATED BY THE TIZ- ZONI-CATTANI ANTITOXIN.

Another case of pronounced tetanus, to which the treatment by the tetanus antitoxin was successfully applied, is reported by G. Casali (*Rif. Med.*, June 1st, 1892). The details are as follows: The patient, a woman, aged 22, developed symptoms of the disease eight days after receiving an injury to her foot. The wound had quickly become inflamed, and the inguinal glands enlarged and painful; it had been in consequence washed with carbolic lotion and dressed antiseptically. The progress of the symptoms was fairly rapid, and when received into hospital, on the fourteenth day after the injury, the jaws were tightly closed, speech was indistinct, slow, and painful, there

was marked "risus sardonius," the muscles of the neck and back were stiff, and there was also some spasm of the injured limb. Tizzoni, on being summoned, confirmed the diagnosis, and cauterized the wound with silver nitrate, recommending the daily application thereto of the caustic in a 1 per cent. solution. He also arranged that the patient should receive two injections daily of 25 centigrammes of antitoxin (prepared from the serum of an immunized dog), and ordered her to be kept well covered, so as to favor sweating. After the first injection sweating was very profuse—as it was, indeed, after each of the first five injections—and by the evening the stiffness of the neck and tongue was markedly diminished. Five injections were given in like manner with similar results, the spasms gradually yielding, and the condition becoming steadily better. At this time there appeared a rise of temperature, with a temporary recurrence of the facial pain, but the tetanus proper had practically disappeared. Quinine and stimulants were then administered, and a sixth and last injection of only 15 centigrammes of antitoxin was made. This produced no sweating, and the patient, though cured of the tetanus, showed great restlessness, a slight vesicular rash also appearing on the chest and back (sudamina). These untoward symptoms, due, it was thought, to septic absorption from the wound, cleared up under ordinary treatment, and the patient was shortly discharged with the injured limb quite healed, and no signs remaining of her illness save great weakness of her limbs. Bacteriological examination of the wound had revealed the presence in it of the tetanus bacillus, of streptococcus septicus, and of a spore-bearing earth bacillus. It was to these latter organisms that the slight septic symptoms were attributed.—*Brit. Med. Journal*.

IODIDE OF POTASSIUM IN EXOPH- THALMIC GOITRE.

S. A. Lentovsky (*Meditzinskia Pribavlenia K'Morskomu Sborniku*, No. 4, 1892) relates a case of typical Graves's disease in a girl, aged 16, cured by the internal use of iodide of potassium (ʒij to ʒvj aq., in tablespoonful doses, with addition to each from 10 to 20 of tinct. ferri acetici æthereæ). Simultaneously inunctions of an iodine ointment were made, and a liberal diet ordered. Considerable improvement was observable in two months, while two months later the goitre, the exophthalmos, the accelerations of the pulse, etc., disappeared altogether. No relapse had occurred up to the time of the report, four years later.—*Brit. Med. Jour.*

Progress of Surgery.

THE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES.

By L. M. SWEETNAM, M.B.,

Lecturer on Therapeutics in the Woman's Medical College; Surgeon to the Outdoor Clinic, Toronto General Hospital; Surgeon to St. Michael's Hospital.

Although my subject is as given, "The Treatment of Varicose Veins of the Lower Extremities," I do not propose, in this short paper, to attempt to treat the subject exhaustively, still less to criticize published opinions upon the advantages and disadvantages of the different forms of treatment recommended for this condition; but to give a general, brief account of the whole subject, and to enlarge, perhaps, upon some points possessing special interest and importance.

I think that you will allow me the statement that no disability, certainly no surgical disability, is more frequently met with; that it is a condition to which we, as practitioners, give too little attention in its early stages, when it is frequently amenable to the milder forms of treatment, until pathological changes have taken place, rendering the individual's life miserable and all but useless by reason of pain and weakness. The causes of this condition are so intimately associated with its treatment that I feel justified in enumerating them here. It may be said to result from undue pressure within the veins, or from impaired resistance of their walls. The former condition will be met with in (1) cardiac disease, especially those forms affecting the right chambers; (2) obliteration of a large vein; (3) hepatic disease; (4) pregnancy and amenorrhoea; (5) local pressure by faecal accumulations or tumors; (6) pressure of a long column of blood, as in the case of the internal saphenous, which is placed too superficially to receive any muscular or fascial support; (7) occupations like those of carrying-ports and truck-drivers, which involve constant and severe strain upon the crural muscles, with the sudden driving of a large amount of blood from the muscular and intra-muscular veins into the superficial ones; (8) walking heavily upon the heel. Here we have the centrifugal impetus acquired by the blood during the early portion of the step, when the heel is brought abruptly to the ground, thrown upon the valves—if present—and from them upon the vein walls. This force is very considerable, especially in the saphenous; and frequently repeated, in the presence of any lack in tone of vessel walls, is very apt to be followed by dilatation. Any cause, then, which throws upon the muscular wall of the vein an unnatural

strain for an unnatural time leads to hypertrophy, or, if the nutrition be at fault, to thinning at some points and hypertrophy at others.

The second condition, that of impaired resistance of the vein walls, is met with in enfeebled constitutions, often apparently hereditary, and seen in a large proportion of the cases applying for treatment, and less frequently in the degeneracy of tissue incident to advancing age.

Dr. W. H. Bennett, in his admirable monograph upon this subject, says: "Personally, the more I see of this affection the more I incline to the belief that a large proportion of these varicosities originate in defects in the venous apparatus, which, in some patients, are distinctly hereditary."

Symptoms.—Varicose, permanently dilated veins, of moderate size, commonly give rise to but little discomfort, provided the nutrition be good and the circulation active; but, in the presence of age, ill health, or even fatigue, the great weight of this high column of blood, unbroken by valves, brings about serious changes, chronic congestion, with consequent thickening and hypertrophy of the connective tissue; pigmentation, from escape of red corpuscles from the veins, and failure of nutrition of the tissues generally, in which condition abrasions and wounds heal slowly, ulcers form, which persistently resist ordinary treatment unless absolute rest be enjoined, and, finally, the skin becomes eczematous and boggy, not, it is true, the direct result of the varicose veins, but of the impaired circulation which they have brought about.

Treatment.—When the dilatation is traceable to a pathological change in any of the viscera, the offending organ should, if possible, be set right, with the hope that the vein may recover itself. Constipation should be corrected, a torpid or congested liver should be relieved, a flabby or dilated heart should be toned up, and peritoneal dropsy may require the use of diuretics, purgatives, or the trocar. In the presence of pregnancy an abdominal belt should be worn and the day broken by a noonday sleep. Suppressed or deficient menstruation will call for special treatment. In those early cases where pain is severe, with or without oedema, rest in the recumbent position, with perhaps elevation of the limb, is a source of great comfort. This, in some cases, may be repeated for, say, half an hour three or four times during the day.

The form of treatment adopted in a severe case will depend upon the object in view. If this be the relief of symptoms, then palliative measures will be adopted; on the other hand, if permanent relief be sought for, one or other of the radical cures will be done.

Bandages.—For the purpose of general support to a varicose limb, nothing surpasses a cotton net or flannel bandage cut upon the bias. An elastic stocking is the most deceiv-

ing of all deceivers. These two pieces of flannel, each one yard long, were cut from the same web, yet when placed upon the stretch one becomes eight inches longer than the other. This represents the difference in elasticity between that cut upon the straight and that cut upon the bias. In using a bandage of any kind, it should not be applied too tightly at first; it may require readjusting several times during the day, and should always exert most pressure upon the foot and ankle. The difficulty of adapting a bandage or stocking that can be worn with comfort and satisfaction is much greater when the vessel is situated above the knee than when it is situated below that joint; but, fortunately, cases of this kind, if not occurring in persons of too advanced an age, may usually be absolutely relieved by one of several operations to be referred to.

Stockings.—Another, and a serviceable support for those who are of the working class, and who prefer to wear a support rather than submit to operative treatment, is a stocking made of stout linen, laced down the front; the two edges are provided with eyelets, and one edge with a loose flap which, passing behind the lacing, protects the skin from what might be a source of considerable irritation. If the varicosity extend above the knee, a small piece of the linen is cut out of that portion of the stocking which would correspond to the anterior portion of that joint. The thigh piece of this stocking may take its support from an abdominal belt or a waist worn for the purpose. The front should be closed with three or four different pairs of laces, so that the pressure at any given point may be altered without interfering with the remainder of the stocking.

A thigh support of real value is made of stout merino, in the form of tightly-fitting drawers, attached above to an abdominal belt.

Strapping.—Where varicosity is confined to a small portion of a single vein, or to a circumscribed bunch, strips of plaster applied across the vein, or at right angles to the greater diameter of the bunch, removed at night and re-applied each morning, prevent distention and relieve pain.

Exercise.—In the absence of eczema, ulcers, extreme dilatation with threatened rupture, moderate exercise, if varied in character, is helpful. To vary the exercise, I should alternate walking with riding, walking upon the level with walking up and down hill.

Massage.—Upward massage to practise each night upon retiring is to be encouraged and persisted in. Many cases exhibiting œdema are much relieved by it, as are those in which pain is so severe as to preclude even moderate exercise.

Where extreme tenderness or a recent thrombus exist, it is needless to say that massage is contra-indicated.

The radical treatment aims at the obliteration, or removal, of the altered vein or veins. For this purpose caustics, injections, the ligature, and, lastly, extirpation or excision have been resorted to.

Before the days of Listerism, Vienna paste was applied over the dilated vein at points three or four inches distant, and at the end of fifteen minutes washed off with vinegar. In this way it was sought to render the opposite sides of the vein adherent and secure obliteration.

The injection of minim doses of pure carbolic acid into the vein, its upper end having been secured by a moderately tight bandage, and of solutions of iron or of alcohol and ergot, alongside the vein, have had their advocates.

The treatment by ligature has been one of the most popular. It is usually employed in one of three ways. By some it is introduced through an open wound, carried round the vessel by means of an aneurism needle, tied, the ends cut short and dropped, a single stitch closing the opening. The operation becomes more secure if the vein be tied at two points in each incision and divided between. In bad cases, upwards of thirty such incisions have been called for in a single leg. Others, again, in using the ligature, pass a flat needle beneath the vein while it is pinched up between the finger and thumb; then twist a figure-of-eight stitch over the ends of the needle, protecting the skin beneath by means of a little absorbent cotton or surgeon's lint. The needles should not remain in position longer than one week, and if inflammation result, they are withdrawn earlier. Failure is not infrequent, and there is always the danger of transfixing a vein.

The third method of applying the ligatures is credited to Dr. Charles Phelps, of New York. The ligature material used is cat-gut. The needle commonly used, the Keyes straight varicocele needle, is so constructed that the eye, situated near the puncturing end, is opened and closed by means of a slide. The catgut should be small enough to allow the knot to pass through the opening in the skin made by the needle, although there is no objection to leaving the knot outside.

The ligatures are introduced as follows: The selected vein with its surrounding skin is picked up between the thumb and forefinger, and the needle (armed with a ligature) introduced through the skin on one side. The eye of the needle is then opened and the ligature detached; the eye is closed again and the needle withdrawn. We have now a ligature passing from the point of entrance to the point of exit under the vein. The needle is now reintroduced (unarmed) into the same opening produced by the former puncture, and made to pass above the vein, that is, between the vein and integument, making exit at the point of

exit produced by the first puncture. The eye is now opened, the ligature introduced into it, the eye closed, the needle with drawn. We now have the ligature around the vein, and both ends making exit from the same opening. All that remains to be done is to tie with a friction knot—one made by passing the end twice round the loop instead of once, and not liable to slip.

Trendelenburg of Bonn, has recently urged ligature of the trunk of the saphenous vein for the purpose of reducing varices of the leg and healing varicose ulcers; but past experiences have made us skeptical of the permanent value of limited excision and partial operations generally.

Excision.—Bennett, speaking of excision, says: "All the ends obtainable by the two previous operations (the application at one or more points of a single ligature, and the division of a vein or veins between two ligatures) are better and more completely effected by this proceeding, which is, of course, also especially adapted for the complete cure of local varix of any kind, single or multiple cysts, solid tumors, the results of ancient thrombi, phleboliths, etc. At the Congress of German Surgeons in 1884, Schede, in discussing Bönnicken's paper upon this subject, strongly favored this operation; in 1886 König reported that he had given up ligature and limited excision, as better results were obtained by more extensive operation; and since these dates the operation has continued to increase in popularity both in England and America. I, therefore, make no apology in urging excision as the best treatment in well-selected cases calling for so-called radical treatment.

The operation.—The day before the operation, the patient, placed in a sunlit room, is asked to stand upon a chair or table, and the saphenous vein, with all its enlarged branches, is traced throughout its entire course with a camel-hair brush, moistened with a 20-gr. solution of nitrate of silver in spts. eth. nit. A few minutes' exposure to the sun will so fix it that any washing that is done preparatory to the operation will not render it much less distinct. Only those who have removed large pieces of dilated vein will appreciate the amount of comfort and the saving of time which comes through the adoption of this simple precaution. The vessel may in this way be exposed throughout its entire course in less than five minutes with a degree of accuracy and ease not possible in any other way.

That the strictest precautions as to surgical cleanliness must be observed goes without saying.

The limb is cleansed with ether and soap, and for some time before the operation packed in a wet carbolic dressing. The patient being etherized, the limb is rendered bloodless, and a tourniquet applied above the upper limit of

the incision; the limb is again washed, a short incision is made some little distance above the length to be removed, and the vein divided here between two ligatures. In this way I have protected the proximal end of the vein against any possible infection which might find its way into the larger wound. So far, this precaution has never been necessary, none of the cases having been infected. A rapid incision is now carried over the entire length of the vein to be excised and down to it.

The skin flaps, being well turned back to enable one to follow the altered branches through the fascia and into the muscle, if needs be, are fastened with a few stitches, and the piece of vein to be removed is divided at its upper end. The dissection proper is then commenced, and this is the tedious part of the operation. The major portion of the work may be done with the back of the knife, or a fine periosteal elevator, the branches encountered traced out beyond all appearance of disease, and tied off with strings or catgut (preferably that boiled in alcohol under pressure). Unless considerable care be exercised, many of the smaller branches will be torn, and troublesome bleeding may result. That I might feel satisfied that my catgut was absolutely safe, I had Tiemanns make me this metallic box with screw cap. The catgut is placed in the box, covered with absolute alcohol, and boiled for half an hour on each of three successive days; the method is safe, and, after sterilization in this way, we need have no misgivings as to the cleanliness, at all events, of his gut. The dissection having been completed and the vein removed, the tourniquet is slightly and cautiously relaxed and the bleeding points secured. This is best done by torsion with fine pressure forceps which include little more than the vessel in their bite, and are therefore less likely to produce destruction of the already somewhat devitalized tissue than one of a coarser pattern. After flushing out the wound with sterilized water, I have usually dropped into it a few drops of pure chloroform for the purpose of sterilizing, but mainly to control any general oozing, for chloroform, applied in this way, has a decidedly styptic action.

Before withdrawing the tourniquet, I have put in a number of deep sutures, which pass under the wound and do not appear in it. These are not tied until the wound is being closed, but would effectively control hemorrhage from any branches which might have escaped the catgut ligature, and, drawn moderately tight, give the wound good support while healing. The superficial sutures are of stearin, sterilized silk, interrupted, and placed at the greatest distance compatible with perfect coaptation. The wound having been covered with a moist boracic-acid dressing, protected

gutta-percha tissue, is placed upon a pillow, the sutures removed upon the seventh day, and the patient kept in bed for two weeks longer, and compelled to wear a flannel bandage for at least six months, to be removed upon the slightest indication of varicosity in any of the remaining vessels.—*Canadian Practitioner*.

OPERATIONS ON AGED SUBJECTS.

Blum (*Arch. Gén. de Méd.*, July, 1892) asserts that as a result of recent improvements in surgical treatment, subjects of advanced age may be submitted to operation without any special risk. Whilst regarding as aged subjects those over 70, he points out that they are theoretically old whose anatomical elements and tissues have lost much of their physical, chemical, and organic properties. The chief physiological characteristic of old age, he states, is atrophy of the structures of the body, and especially of adipose tissue. Reference is made to several instances reported by British surgeons of successful operations on old people, and records are given of fourteen cases in which equally satisfactory results have been obtained by himself. In one of these a woman, aged 84, recovered after removal of a cancerous mamma; one woman, aged 81, was operated on with good results for strangulated umbilical hernia, and another, ten years older, for femoral hernia. The list includes several instances of removal of malignant growths. The author concludes from these cases that the surgeon, in dealing with aged patients, ought not to rest content with intervening in those instances only in which life is directly threatened, as, for example, in strangulated hernia, but that he should be prepared to act also in instances of chronic disease advancing slowly, yet inevitably, towards a fatal issue. He should endeavor to dispense with general anæsthesia; beyond its direct danger, the anæsthetic agent is liable to cause a prolonged state of prostration, against which the aged subject struggles with much difficulty. The author usually trusts to the injection of cocaine, or to the previous internal administration of chloroform in small doses with the object of benumbing the patient. Old people, he states, are much less sensitive to pain than adults. During the operation, much care should be taken to keep the patient warm. Although the surgeon should prevent loss of blood as far as possible, he ought not to practise the so-called bloodless method, as paralysis of the vasomotor nerves results in an oozing of blood from the seat of operation, which may be found very difficult to arrest, particularly in subjects of atheroma. Every effort should be made to bring about immediate healing of the wound by careful attention to asepsis, so that

the necessity for prolonged rest in bed may be avoided. The patient should be well nourished after the operation, and allowed to get up as soon as he can do this without running any risk.—*British Med. Journal*.

TREPHINING FOR MENINGITIS.

McArdle (*The Dublin Journ. of Med. Science*, July, 1892) reports a case the good results of which favor the view that trephining may do good in some forms, at least, of meningeal inflammation. In other regions than the head, when inflammatory tension is evidently leading to a fatal termination, relief is often afforded by incision and free drainage. The time has now arrived, the author thinks, when this principle may be applied in brain surgery. The patient was a coal porter, aged 40, who fell into the hold of a vessel, and struck the left side of his head. He remained unconscious for some hours, but on the third day was able to resume his work. There was no trace of injury to the right side of the scalp. The patient continued at his laborious occupation for sixteen days, but after this interval suffered from nausea and pain in the head; soon afterwards he lost the use of both limbs on the left side. Four days later he suffered from severe convulsive attacks, each beginning with firm flexion of the fingers of the left hand; as death was imminent from laryngeal spasm, a small disc of bone was removed from the skull on the right side over the upper end of the fissure of Rolando. Serum, not blood, was found to be the immediate cause of the pressure symptoms. After removal of the piece of bone, the dura mater projected into the wound. On incising this, a greenish serous fluid gushed out. The membranes were thickened, and showed that meningitis had been set up. The man made an uninterrupted recovery, and went back to his work one month after the operation.—*British Med. Journal*.

REMOVAL OF TUBERCULOUS MESENTERIC AND RETROPERITONEAL GLANDS.

A. Bier (*Deutsche Med. Woch.*, No. 23, 1892) reports the following case. A young man, aged 15, was admitted to hospital on Sep. 1st, 1890, and gave the following history. He had had good health, and had no family taint. In the autumn of 1889 he suffered from attacks of pain in the region of the umbilicus. These disappeared in the winter but came on again in the spring of 1890, and were then accompanied by nausea, vomiting, and giddiness; they had become worse, and continued at intervals till admission. He had lost flesh for

six months. On admission he was seen to be a strong, muscular young man. He complained of attacks of abdominal pains which caused him to roll on the floor during an attack. These attacks were accompanied with nausea, vomiting, and giddiness. Deep in the abdomen and on the left side of the umbilicus there could be felt two tumors, each the size of a walnut, very sensitive to pressure, and only slightly movable. The stools were regular, normal in color, amount, and consistency; the urine also was normal; the diagnosis was retroperitoneal tumor. Laparotomy was performed on Sept. 10th, an incision being made 15 centimetres long in the linea alba. The tumors were then found to be masses of lymph glands, each about the size of half the fist, one being situated on the left side of the root of the mesentery, and the other in the mesentery close to the small intestine. The one at the root of the mesentery easily shelled out, and was found to consist of caseating gland. The other tumor was removed with greater difficulty; it was adherent to the peritoneum, covering it, and had to be scraped away, some parts being nothing more than pus-containing cavities. After complete removal of the tumors, the cavities left were filled with a solution of iodoform in alcohol and ether, and the peritoneum united with catgut sutures over them. The peritoneal cavity was now cleansed, and the parietal wound closed with silk sutures. After the operation no further attacks of pain, nausea, vomiting, or giddiness took place. A few days after the operation an abscess formed in the abdominal wall at the seat of the wound, but this was relieved by removing the suture, and the patient soon recovered. On October 8th he was discharged quite well, and remained so till October, 1891, when he was last heard of.—*British Med. Journal*.

THE RADICAL CURE OF HYDROCELE BY INCISION.

By DR. W. JOSEPH HEARN.

For many years the treatment suggested for the radical cure of hydrocele of the cord was so unsatisfactory that I was led to adopt the mode of treatment suggested by the title of this article. The first case was a boy ten years old, in the wards of the Jefferson College Hospital. The cyst was almost behind the cord. There was great danger of wounding some of the vessels should I attempt to puncture the cyst. I incised the tissues overlying the cyst-wall, and treated the case in the manner detailed below. The boy was out of bed on the second day. From the satisfactory results following the operation on encysted hydrocele, I was led to adopt the same treatment for the

tunica vaginalis. I usually employ the following method: After the parts are shaved and thoroughly cleansed with soap and washed with a hot bichloride solution, I freeze the line of incision at the most dependent part of the sac. For freezing I use the chloride of ethyl, which, by the way, is the most reliable and satisfactory agent of which I know.

I then, through the frozen line, make a free incision into the sac. Catching the edges of the sac with forceps, or needles armed with ligatures, that I may hold the sac up and open, I empty and thoroughly dry it out with sterilized cotton or gauze. Then with cotton or gauze saturated with pure carbolic acid (the crystals liquefied with heat) I mop the entire cavity of the sac. A small tent of iodoform gauze is inserted at the lower angle of the incision for capillary drainage. The tent is removed in from twenty-four to forty-eight hours. But the sac and overlying skin are closed with catgut sutures, within one-half inch of the lower angle. An incision one inch long gives every facility for drying out the cavity. The line of incision is covered with aristol or iodoform, and then covered with antiseptic dressings and rubber dam. Purulent inflammation never occurs if strict antiseptics has been observed.

Where the patient is timid or prefers it, ether can be used with great satisfaction, but it is not necessary. There is no more pain, and the recovery is just as rapid as in the carbolic acid injections, which I have always used and preferred previous to this mode of treatment. It is not claimed that this mode of procedure can take the place of partial excision or Volkman's operation in those cases where the sac is covered with calcarous plates or so thickened that the walls cannot collapse. It is adapted only to sacs with thin walls, whether they be translucent or not.—*Therap. Gazette*.

SYPHILIS AND PREGNANCY.

Fournier (*Gazette des Hopitaux*) believes that two of the most important factors in the diagnosis of hereditary syphilis in a family are great frequency of abortion and high infantile mortality. Abortion is least frequent when the father alone is syphilitic, more frequent when the mother alone is syphilitic, and most constant when both parents are infected. In the latter cases as many as nineteen abortions have been known to occur. Fournier attended a family in which the first three children were all born at term and all robust. Then the father contracted syphilis, and his wife became infected; she aborted three times in succession. Fournier found that at the Lourcine Hospital 145 out of 167 of the children born of syphilitic mothers died in the institution. Collecting

trustworthy statistics of 441 cases reported elsewhere, 100 children whose mothers were syphilitic survived infancy, while 341 died. It is noteworthy that out of the 341 that died, 335 perished within their first year; only six died later. Out of nine children in a syphilitic family, only two are likely to survive their first year.

COCAINE IN SURGERY.

By R. H. COWAN, M.D.

While ether and chloroform are in daily use as anæsthetics, and reports of death from either of these agents are rare, yet in the hands of the most careful and experienced fatal narcosis does occasionally occur. In a larger proportion of cases alarming symptoms are present, sometimes followed by permanent bad results. Of course, in common with other surgeons, I recognize in these anæsthetics a wonderful boon both to patient and operator; indeed, I can hardly understand how the surgeons of the past got along without them, and I think the feeling must be shared by others. I can but look forward with impatient anxiety to the discovery of some agent, which, while equally efficacious in allaying pain, can claim the superior merit of absolute safety.

When cocaine was first introduced to the profession, and exaggerated reports of its wonderful properties were published, I looked with much interest for reports of its use, and availed myself of the first opportunity to employ it in operations on the eye and later in minor operations.

Within the last twelve months I have ventured farther and performed several more serious operations with cocaine as my anæsthetic, and in every instance its action has been all I could desire. Anæsthesia has been perfect, no bad symptoms have occurred, and union by first intention has been the rule.

The operations have been as follows: A large and deeply imbedded tumor (adipose) removed from the popliteal region, and seven amputations—four of the leg, and one each of the thigh, forearm and arm.

Cocaine was, I believe, first advised in amputations by Dr. Corning, and his advice was strengthened by an actual experience. Why he has not had more followers I do not know; it is, however, for this very reason that I am induced to contribute my meagre experience. I am well aware that we have reports of disastrous results from cocaine, nor would I countenance the reckless administration of a drug with whose properties we are as yet but little acquainted.

Whether or not cocaine will supersede ether and chloroform in the near future I cannot say; but believing it is only by reports from actual experience that we can arrive at any de-

finite knowledge of its virtues, I desire to contribute my mite.

Before concluding, I may mention some of the advantages which, it seems to me, are secured by the use of cocaine:

1. Absence of depressing effects in cases of severe shock, or of constitutional weakness.
2. Freedom from nausea and vomiting after operations.
3. Limitation of anæsthesia (of course constriction with an Esmarch above point of operation is made) to the field of operation, and consequent comparative security from fatal narcosis.

In the above-mentioned operations (with the exception of the two first amputations) I have, at the suggestion of Dr. Wyeth, employed a two per cent. solution. This strength, while proving equally or perhaps more efficient in producing anæsthesia, possesses the additional advantage of reducing to a minimum the danger of any toxic effect.—*Inter. Jour. of Surgery.*

PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

R Acid chrysophanic, gr. x
Liv. carbonis deterg. M x
Hydr. amm. chlorid, gr. x
Adip. benzoat $\bar{5}$ i
Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales; then standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation.

RINGWORM.

R Ammoniated mercury
Flowers sulphur aa $\bar{5}$ i
Lanoline $\bar{5}$ i

M. Sig. Apply to parts affected once or twice a day.

FLATULENT COLIC.

R Aqua camph, $\bar{5}$ i
Spts. ether. co., $\bar{5}$ ii
Tr. card co., $\bar{5}$ iv
Spts. anise π vi
Syr. Zinzib., $\bar{5}$ ii
Aqua menth. pip., ad $\bar{5}$ vi

M. Sig. One ounce when flatulence is troublesome.

Dr. J. M. Duff says that strychnine administered during pregnancy is a valuable aid to labor. It is especially valuable as a remedy preparatory to labor where there is general debility and want of muscular tone. Give 1-60 gr. of strychnine three times a day, beginning from six weeks to two months prior to the anticipated time of delivery, and keep it up until a week or ten days before delivery, when, if it is well borne, it may be increased to gr. 1-40.

Chloride of calcium in five to fifteen grain doses every four hours is highly recommended in pneumonia.

Dr. David Cerna says that belladonna does not antagonize the action of opium upon the respiration or the circulation, and he believes that the ingestion of atropine in the case of a human being poisoned by opium is as unwarrantable and disastrous as the administration of alcohol in excessive doses in accidents under chloroform or ether.

TREATMENT OF DIPHTHERIA WITH CHLORIDE OF IRON.

Dr. E. Hubner and Dr. N. Rosenthal (*Therapeutische Monatshefte*, December, 1892), write in separate articles of the use of chloride of iron for diphtheria, as recommended by Rehn. Dr. Hubner treated fifty-two cases with it, losing only two, although six other patients had the disease with such severity that he could not have hoped to save them with any of the remedies formerly used. He had the throat painted twice daily, and in very severe cases three times, with a solution of 1 part in 5. He also made use of frequent sprinkling of the throat with weakened lime-water, of ice pellets, and an ice bandage about the throat.

Dr. Rosenthal tabulates seventy-nine cases of undoubted genuine diphtheria treated by him. The patients came under his treatment early, and remained until the disease was over. Only seven, or less than nine per cent., died, and the good results must be ascribed to the remedy.

SOOTHING SYRUP WITHOUT OPIUM.

- R Oil anise.....mxxv.
 Alcohol..... ʒij.
 Fl. ext. valerian..... ʒi.
 Oil peppermint.....mxxv.
 Tinc. camphor..... ʒij.
 Fl. ext. liquorice..... ʒi.
 M. Sig.: Shake the bottle. Dose—One-fourth or one-half teaspoonful in water. Repeat as needed.—*Cin. Lan. Clinic.*

QUININE.

Not long ago I was called (Dr. E. C. Hill, Denver) to attend a lady in confinement who had been suffering severely for about twenty-four hours. Physical examination between and during pains showed that they were inefficient, and that barely any progress had been accomplished in the labor; the maternal organs

and the foetal presentation and position were normal. Believing the delay to be due to uterine inertia, I gave the patient a five-grain capsule of quinine sulphate, to be followed with a similar dose in two hours. The pains almost immediately began to increase in frequency, duration, regularity and force, and in three hours from the time I entered the house the baby had arrived safe and sound. I have used quinine for this purpose some twenty or thirty times, and have never had occasion to regret its administration.

PRESCRIPTION FOR DIARRHŒA.

According to *L'Union Medicale* Mencke employs the following prescription.

- R Powdered resorcin, gr. xv.
 Paregoric, M xv.
 Distilled water, ʒiii
 Syrup, ʒii.

A desertspspoonful of this may be taken every two hours.

In the case of children it is well to diminish the quantity of resorcin and of the paregoric, or a coffeespoonful of this mixture may be given every two hours.—*Ther. Gazette.*

EARACHE.

Dr. Alex. Randall of Philadelphia (*American Journal of Med. Science*), sums up the treatment of earache as follows:

In conclusion, then, it may be repeated that earache is often due to acute tympanic inflammation arising from a naso-pharyngeal condition which demands treatment. Cleansing and detergent sprays and post-pharyngeal painting with astringents can control this and relieve any referred pain from this location. The hot syringing will give any needed cleansing, allay the local pain, and, by reducing the inflammatory congestion, help on the resolution. Protection, local and general, with medicinal treatment of general symptoms, will generally give such prompt and real relief that the host of other remedies may remain as an unemployed reserve. The physician summoned to a case of earache can generally leave his morphine and cocaine at home, if he will take his brow-mirror, a syringe and an atomizer.—*Memphis Med. Monthly.*

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

Progress of Gynaecology.

RESULTS OF VAGINAL HYSTERECTOMY IN CASES OF UTERINE CANCER.

Terrier and Hartmann (*Rev. de Chir.*, April, 1892) publish a series of 18 cases of vaginal hysterectomy performed for the removal of cancer of the uterus, and also give the results of recent inquiries concerning 18 other cases of a like kind, which were tabulated and published in 1888. In each series the immediate mortality from the operation was 23.5 per cent. In the second and later series death was due in one case to shock, and in two cases to peritonitis. In one case the patient died on the fourteenth day in consequence of phlebitis of the main venous trunk of the lower limb. Of the patients referred to in the first series of cases who recovered from the direct effects of hysterectomy, two were living and in good health after long intervals—one after six years and four months, the other after five years and four months from the date of operation. In eight cases included in the earlier list recurrence occurred after intervals varying from six weeks to two years. In five of the second series of cases the patients when last seen were living after intervals varying from three years and five months to eight months. Of these five patients, however, two presented indications of return of the disease in the vaginal cicatrix. The authors point out that vaginal hysterectomy is a serious measure, as these tables show a death-rate from the operation itself of about 23 per cent. The results of this treatment are, it is held, not more serious when it is performed as a palliative step than when it has for its object complete removal of the diseased structures. It is indicated, therefore, whenever the cancerous uterus is mobile, although the vaginal *cul-de-sac* may be involved in the disease. Recurrence, which has been noted in about 70 per cent. of the cases, although usually speedy, may in some cases be postponed for a long interval (from seventeen months to two years, or even longer). These tables show that 30 per cent. of the patients who had undergone vaginal hysterectomy are apparently cured by this operation, even in cases in which the malignant nature of the disease has been proved by both clinical and histological observation.—*Brit. Med. Journal*.

CATHETERISM OF THE FALLOPIAN TUBE.

Boursier (*Archives Clin. de Bordeaux*, May, 1892) succeeded in catheterizing the left tube in a case where the patient, a 2-para, aged 31, was under treatment for endometritis. She

had been delivered, normally, about four months previously, and Boursier had applied sulphate of copper points to the uterine cavity. In the act of passing the sound he found that without the least force, violence, or pain its point slipped upwards and to the left for over four and a-half inches. Six days later it could be passed five and two-fifths inches, in the same direction. When the sound was carefully directed upwards, the uterus being steadied so that the fundus was touched in the middle line, the uterine cavity was found to measure a little over two and a-half inches. The sound could not be passed into the right tube. About a month later, when the sound was passed to the left, as before, its point was felt under the abdominal wall three inches to the left and below the umbilicus. The least attempt to move the point of the sound to the middle line caused severe pain, and the instrument was evidently held by some resisting structure. The patient was thin, and hence the appendages could plainly be distinguished in place before the sound was introduced. After its introduction in the manner just described the left appendages could no more be detected in the pelvis, though the right were clearly in their natural position. In fact the left appendages were drawn upwards by the sound. When the patient was last seen, within three months and a-half after the first introduction of the sound into the left tube, it was found that that manœuvre was no longer possible.—*Brit. Med. Journal*.

"SHOW" OR VAGINAL HEMORRHAGE IN NEWBORN CHILDREN.

Eross, of Buda-Pesth (*Centralbl. f. Gynak.*, No. 24, 1892) observed, within two years, 6 cases of hæmorrhage from the genitals in newborn female children. In 2 cases the "show" began on the third, and in 4 on the fourth day. In two cases it lasted two days; in 3, four days; and in 1, five days. One case died. The infant was premature, and sank, it seemed, from pure debility. The endometrium was dark colored and loosened from its connections. On its surface were two hæmorrhagic foci, of the size of lentils. The serous coat was very vascular at the fundus. The cervical mucosa was pale, the vaginal mucous membrane swollen and deeply injected. Clots, mixed with mucus, lay in the vagina and uterine cavity. Eross attributed the hæmorrhage to acute catarrh of the mucous membrane of the genital tract. All the five children were born well developed, and there was in no case any history of septicæmia, syphilis, hæmophilia, or Winckel's disease. As the five survivors were discharged on the eighth day, there was no opportunity of judging if the "show" represented menstruation.—*Brit. Med. Journal*.

INDUCTION OF ABORTION IN CARDIAC DISEASE.

Dolérís (*Nouv. Arch. d'Obstét. et de Gynéc.* May, 1892) performed this operation, recently, on a woman, aged 25, who had aortic insufficiency and dilatation of the aorta. She was advised never to become pregnant, but did not regard this advice. Her last period ended on November 9th, 1891. The cardiac symptoms grew worse, and uncontrollable vomiting set in. Pregnancy was evident, and on December 31st it was determined to induce abortion. For four days antiseptic sublimate injections were thrown up and iodoform tampons applied. On January 4th a laminaria stem was placed in the cervix. On the 5th a second and larger stem was introduced. On the 6th the ovum was extracted; the amniotic pouch was opened by the curette. The embryo was extracted in two pieces. The uterine wall was carefully scraped in order to detach the decidua vera. After an intra-uterine injection a tampon was applied to the vagina. Small pieces of already detached chorion were expelled on the evening of, and the day after the operation. After about a fortnight's rest, the patient felt quite free from all the bad symptoms caused by the pregnancy. The catamenia reappeared on January 28th. The advantages claimed by Dolérís for his method are: limitation of flooding (in this case hardly a drop of blood was lost), strict antiseptis, and rapid evacuation of the uterine contents:—*British Med. Jour.*

Progress of Therapeutics.

THERAPEUTICAL STUDY.

By G. B. KUYKENDALL, M.D., Pomeroy, Washington.

For some time past the advances made in Therapeutics have been more in the line of laboratory products than in that of those medicaments directly from the forest and field.

We better understand the action and uses of antipyrine, phenacetine, sulfonal and many other recent additions to our armamentarium than we do of such drugs as belladonna, digitalis, cimicifuga, phytolacca and a host of older remedies.

Those medicines that act speedily, whose therapeutic effects are rapidly manifested, very soon find their proper place and field of usefulness, while those whose action is slower require more time for their study.

This very need of time and a long series of observations must always be an obstacle in the way of rapid advancement in the study of this class of remedies.

We may, therefore, reasonably expect that improvements in the treatment of acute diseases will progress faster than in that of those more chronic in nature.

Before we can determine the value of reports on the action of medicines, it is needful to inquire into the circumstances attending experiments in their use, otherwise we are liable to be led into the grossest error.

Hitherto, much of the study of therapeutics, and many of the reports on the action of medicines, have had no practical value.

There are a multitude of contingencies tending to invalidate results, and a pretty large number of experimentors seem to disregard these in their observations. In order to make sure of the action of a remedy, we must be able to clearly recognize the exact condition of the system of the patient at the time of administering the medicament. How many times a remedy is administered for a supposed condition when another exists.

Who has not seen the "diphtheria curer" having remarkable success "curing diphtheria" and "not losing a single case," while other physicians, practising in the same vicinity, were not meeting the disease at all; or has not heard of some doctor "curing pneumonia" cases by the dozen, while other physicians around were meeting only cases of severe cold or simple bronchial attacks? And these very "doctors" (?) are the ones who rush into print, vaunting this or that remedy as a "specific" for certain diseases, when, perhaps, they may not have met a single case of the kind. These so-called reports on the action of certain medicines are vitiated from their very fountain head, and, instead of being a guide and help, are a snare and a delusion. Instead of assisting those who depend on them, they lead to disappointment, and, what is worse, may cost a life. This loose, unreliable mode of study, observation and reporting has greatly hindered therapeutical advancement.

Another fruitful source of error in the study of the therapy of medicines is the use of remedies in combination with something else, and then attributing the effects of the combination to one single remedy. One can scarcely take up a medical journal without seeing some such caption as "Salol in Diarrhoea," "Ergot in Pneumonia," "Phenacetine in Typhoid Fever," "Manaca in Rheumatism," etc. When the article is read, it is found that the medicine in discussion was given in combination with from two to four other of the most reliable remedies known for that particular disease. Whatever good was done by the prescription was the result of the combination, and could not be attributed to any one alone. If one alone did the work, then the others should have been left out.

Before me there is a late medical journal

with an article headed "Iodide of Starch in Diarrhœa." This article shows that the iodide of starch was given in combination and with full medical doses of oil of peppermint and powdered opium.

Another journal has a note on "Salicylate of Soda in Rheumatism," and gives a formula containing, in addition to the salicylate, full doses of colchicum and poke, while the whole credit of the prescription is given to the salicylate. Of what practical value are the deductions made when the results of such a compound are all attributed to one single remedy? The same prescriptions would just as easily prove wonderful virtues in the other four articles used. These, as every reader of the RECORD can testify, are not isolated cases nor exaggerations. Diseases are weights to be lifted, or obstacles to be moved; medicines are forces. The action of very few medicines, if any, is in the same exact line. Two medicines together form a resultant force that moves or acts in a line different from either medicine alone. To determine the action of any remedy it must be given alone.

Such methods of therapeutical study as have been mentioned can lead to no definite result, and we need no longer wonder that, of a dozen or score of persons using the same medicament, there are often scarcely any that agree, and often results almost diametrically opposite are reported. Progress can only be made by a thorough appreciation of the disease and condition for which the remedy is to be administered. The age, temperament and other conditions and peculiarities of the patient must be carefully considered; the size of the dose, quality and strength of the drug, and all attending circumstances should be carefully noted. What is of most importance is, the drug must be given alone. When all these things are taken into proper account, then we may expect practical results, particularly if the observations are extended over a sufficient number of cases and during different seasons and epidemics.

Another thing that stands in the way of therapeutical progress is the inconsiderate zeal and enthusiasm which often warps the judgment of the experimenter. Too often he is trying to make facts and results agree with a preconceived theory. If so, then every fact or phase that could possibly be twisted to fit this pet idea is set down to its credit. Such an investigator is blind to the real facts and merits of the case, and can see nothing without bias. It is evident that his conclusions must be destitute of value, and the greater his name or influence the worse the effect of the delusion on those who listen to his teachings. Many times the sanction of a great name has temporarily bolstered up a therapeutical humbug.

The young practitioner is often very enthu-

siastic, and, if a certain remedy seems to produce good results as often as two or three times, it is forthwith vaunted as a "specific" for that particular disease or condition. Perhaps, after he has written an article sounding the praises of the "specific," he encounters a half dozen or dozen other cases that blast his beautiful dreams and demolish forever his castles in the air. And yet, perhaps he will go on and do the same thing with some other new remedy the first chance that falls in his way. Not all do this, but too many do. It is these reports by enthusiastic, unthinking people that fill the pseudo-medical journals with stuff that is seized upon by the makers and venders of proprietary compounds, as advertisements to puff worthless nostrums, or to recommend an article of value in some diseases, for a use it never was adapted. All these things tend to create doubt and distrust, and sometimes to hinder a really good medicament from receiving due appreciation. Over-zeal and confidence and undue haste in reporting the effects of medicines are prolific sources of error. We sometimes meet a young doctor, of from six months to two or three years' practice, who has more "specifics" and dead surcures than almost any physician of forty years' experience would dare to own.

Some of the journals just now are devoting special numbers to the discussion of certain diseases. Would it not be a good innovation to devote in the same way special attention to the use of particular articles of our materia medica? A good many physicians have, undoubtedly, discovered new peculiar uses for certain remedies. By a comparison of ideas, the knowledge possessed by a few might be made a benefit to many. The science of medicine is not narrow and sectional, but is broad and cosmopolitan.—*Pacific Medical Record*.

THE USE OF DIGITALIS IN LARGE DOSES.

At a meeting of the Belgian Académie de Médecine on April 30th (*Sem. Méd.*, May 11th, 1892), Masius said digitalis was generally given in heart disease as an infusion in daily doses of 0.75 g. to 1 g. to reduce the rapidity of the pulse and increase and regulate its strength and tension. Used in the same doses in febrile disorders, it fulfilled the same indications, and in addition lowered the temperature, these effects usually manifesting themselves on the third day after the commencement of administration. As the result of numerous experiments, Masius has convinced himself that not only can digitalis be taken without any ill effect in doses (4 grammes in the twenty-four hours) which are generally looked upon as "hypertoxic," but that in these massive doses it obviates "surely and

rapidly" the dangers arising from cardiac weakness and pyrexia. On the other hand, even in large doses, digitalis neither checks nor shortens the evolution of pneumonia. Digitalis used as an infusion in daily doses of 4 grammes often produces good effects in forty-eight, sometimes within thirty-six hours; the effects show themselves less quickly in febrile conditions than in diseases of the heart. The drug causes gastric disturbance more frequently in healthy persons than in those suffering from the affections in which its use is indicated. Masius says he has employed digitalis with success, in the form and dosage already mentioned for nearly a year in a large number of cases of cardiac diseases and infectious febrile disorders, especially pneumonia, to strengthen and regulate the action of the heart. Of course, the drug has no effect if the heart muscle is too much altered in structure, or if its nervous apparatus is too exhausted to respond to stimulation. Masius sums up his conclusions in the statement that the toxic dose of digitalis has been in the case of man fixed too low both in health and in disease.—At a more recent meeting of the same Society (*Sem. Méd.*, June 29th, 1892), Masius's assertions were severely criticised by Miot, who said those who might be bold enough to act on his teaching would be likely to repent it. He pointed out that different samples of digitalis varied considerably in therapeutic activity. The parenchyma of the leaf was the most active part of the plant. The leaves gathered at the end of the second year were dried and kept in a closed vessel; they should not, however, be kept longer than twelve months, at after that time they lost much of their activity. As regards the infusion, Miot said it must not be forgotten that boiling water robbed digitalis of a good deal of its activity; the water should, therefore, never be at a higher temperature than 70° C. By the use of digitalis prepared in this manner, and in a daily dose of 2 g., Miot recently induced resolution in a case of chronic pleuritic effusion in five days, and in another case effected complete and rapid cure of congestion of the left lung, with œdema of the legs. In a third case, the same treatment (with the addition of 2 g. of tincture of nuxvomica to the 2 g. of digitalis) caused the disappearance of serious symptoms of cerebral and pulmonary congestion in an alcoholic patient. In discussing Miot's communication, Moeller said that in two cases (one of mitral insufficiency and one of cardiac weakness without valvular lesion) digitalis given in ordinary doses did good at first, but seemed to lose its effect after a time without gastric intolerance being induced. After becoming acquainted with Masius's views, he tried digitalis in progressively increasing doses of 2, 3, and 4 grammes. The effect on the circula-

tory apparatus was *nil*, while the gastric intolerance was such that the treatment had to be discontinued.—*Brit. Med. Journal*.

CLASS-ROOM NOTES.

Prof. Hare says that for *Diseases of the Skin or Mucous Membranes*, glycerine as an external application should never be used pure, but always largely diluted.

Prof. Hare says that the *Sulphate of Copper* should never be used as an emetic except in cases of phosphorus poisoning, in which condition it acts as a chemical antidote.

In order to cover the *Taste of Cod Liver Oil* partly, Prof. Hare recommends the placing of a pinch of salt on the tongue immediately before and after taking the oil.

In cases of *Sore Relaxed Throats*, Prof. Hare recommends a gargle consisting of the sulphate of copper in the strength of four grains to the ounce of water as very serviceable at times.

Prof. Da Costa states that the *Intestinal Lesions* in cases of relapse of typhoid fever are not so profound as in the original attack, and that they terminate much sooner than in a regular attack.

Prof. Hare says that powdered cubeb berries snuffed up the nostrils in case of *Cold in the Head* will often prove very beneficial; but the stage of secretion must be well established before they are used.

In order to examine a scapula for supposed *Fracture*, Prof. Brinton recommends the following procedure for making the scapula prominent: Flex the forearm on the arm, and carry backward and upward.

Prof. Hare says that cases of *Acute Rectal Catarrh*, with mucous diarrhœa and tenesmus, will often be cured after one or two injections of the chlorate of potassium in water in the strength of 20 grains to the ounce.

Prof. Da Costa says that experience has taught him that in order to obtain the best diuretic effects from *Pilocarpine* it should be administered in small, repeated doses, say one-twentieth of a grain every hour or two.

Prof. Da Costa is of the opinion that in the early stages of *Acute Catarrhal Jaundice* the mercurials should not be administered, but that the salines should be employed instead, the phosphate of sodium being, in his opinion, about the best.

In cases of *Empyema*, in which the attack is recent and of a moderate type, and a sample of the fluid withdrawn from the chest is but slight opaque, Prof. Graham strongly advocates a medicinal treatment without surgical interference.

Prof. Hare advises the placing of from one-half to one ounce of a one to one thousand

solution of bichloride of mercury in the spit-cup of *Consumptives*, in order to destroy the bacilli and thereby render the attendants less liable to infection.

In the treatment of *Vesicular and Suppurative Tonsillitis*, Prof. Wilson does not recommend the application of hot fomentations and poultices to the outside of the neck in the region of the tonsils. He says it is not only inconvenient, but useless.

Prof. Hare says that in treating children suffering from *Gastro-Intestinal Catarrh* it is important to see that the abdomen of the child is properly covered. Often good results will not be obtained from medicinal treatment unless this is attended to.

Prof. Da Costa says a *Relapse of Typhoid Fever* is not as dangerous to the life of the patient as the original attack. He has treated two cases, in each of which five relapses occurred, and in both cases the patients successfully combated the relapse, and are now well.

NEWS ITEMS.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The following is the preliminary programme of the American Electro-Therapeutic Association, which will hold its third annual meeting in Chicago, September 12th, 13th and 14th.

DISCUSSIONS.

(1) "What are the Possibilities of Electricity in the Treatment of Fibroid Growths."

Discussion will be opened by Dr. J. H. Kellogg, of Battle Creek, Mich.

The following among others have been asked to take part:

- M. le Docteur Georges Apostoli, of Paris.
- M. le Docteur Georges Gauthier, of Paris.
- Dr. La Torre, of Rome.
- Dr. Augustin H. Goelet, of New York.
- Dr. A. Laphorn Smith, of Montreal.
- Dr. Franklin H. Martin, of Chicago.
- Dr. Margaret A. Cleaves, of New York.
- Dr. G. Belton Massey, of Philadelphia.
- Dr. George F. Hulbert, of St Louis.
- Dr. E. L. H. McGinnis, of New York.

(2) "The Influence of Frequency of Interruptions and Character of Induced Current Waves upon Physiological Effect."

Discussion will be opened by Professor J. W. Morton, of New York.

The following among others have been asked to take part:

- M. le Prof. d'Arsonval, of Paris.
- Prof. Du Bois-Reymond, of Berlin.
- Mr. Newman Lawrence, of London.
- M. le Docteur Larat, of Paris.
- Prof. Edwin J. Houston, of Philadelphia.
- M. le Docteur Apostoli, of Paris.
- M. G. Weisse, of Paris.
- Dr. W. J. Herdman, of Ann Arbor, Mich.
- Mr. J. J. Carty, of New York.
- Dr. J. H. Kellogg, of Battle Creek, Mich.
- Dr. A. H. Goelet, of New York.

- Dr. Weir Mitchell, of Philadelphia.
- Dr. A. D. Rockwell, of New York.
- Dr. Frederick Peterson, of New York.
- Dr. W. F. Hutchinson, of Providence, R.I.
- Dr. Georges Gautier, of Paris.
- Dr. Franklin Martin, of Chicago.

PAPERS.

1. "The Nutritional Effects of Static Electricity." By Prof. W. J. Morton, M.D., New York.
2. "Electro-Medical Eccentricities." By Newman Lawrence, M.I.E.E., London, England.
3. "The Graphic Study of Electrical Currents in Relation to Therapeutics." By J. H. Kellogg, M.D., Battle Creek, Mich.
4. "The Action of the Continuous Current within the living Tissues as distinguished from the local Polar Action." By Prof. W. J. Herdman, M.D., Ann Arbor, Mich.
5. "The Therapeutic Application and the Theory of Alternating Currents." By Dr. Georges Gautier, Paris, France.
6. "The Treatment of Fibroid Tumors with Electricity." By Dr. Georges Gautier, Paris, France.
7. "Induction Coils." By Mr. A. E. Kennelly, of the Edison Laboratory.
8. "Electrolysis in Tumors of the Bladder." By Robt. Newman, M.D., New York.
9. "The Present Position of Electricity in the Treatment of Ectopic Gestation." By A. Brothers, M.D., New York.
10. "Electro Therapeutics in Salpingitis." By W. B. Sprague, M.D., Detroit, Mich.
11. "Report of a Case of Ascites cured by Galvanism." By Holford Walker, M.D., Toronto, Canada.
12. "The Primary Action of the Galvanic Current on the Blood. It increases the amount of Ozone it contains, as shown by Chemical Tests of the Blood in the Arteries." By J. Mount Bleyer, M.D., and M. M. Weil, M.D., New York.
13. "The Conservation of Energy as a Successful Factor in Electrotherapy." By Horatio R. Bigelow, M.D., Philadelphia.
14. "Synovitis treated by Cataphoresis." By F. H. Wallace, M.D., Boston, Mass.
15. "The Use of Static Electricity in the Treatment of Incipient Insanity." By W. F. Robinson, M.D., Albany, N. Y.
16. "Further Study of Electrical Anæsthesia and Frequency of Induction Vibration." By W. F. Hutchinson, M.D., Providence, R.I.
17. "The Absorption of Fibroid Tumors by Mild Electric Currents." By R. J. Nunn, M.D., Savannah, Ga.
18. "Some observations on the Fine Wire Coil or Current or Tension." By H. E. Hayd, M.D., Buffalo, N.Y.
19. "The Treatment of Subinvolution by Electricity." By C. G. Cannaday, M.D., Roanoke, Va.
20. "Successful Treatment by Electrolysis of four additional Cases of Esophageal Stricture with Exhibition of Two Cases." By D. S. Campbell, M.D., Detroit, Mich.
21. "The Treatment of Dysmenorrhœa by the Galvanic Current." By A. Laphorn Smith, M.D., Montreal, Canada.
22. "Notes upon some Uses of Galvanism in Surgery." By W. B. D. Beaver, M.D., Reading, Pa.

Several other papers of equal interest have been promised, but the titles have not yet been received.

MARGARET A. CLEAVES,

Secretary.

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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Writers of original communications desiring reprints can have them at a trifling cost, by notifying JOHN LOVELL & SON, immediately on the acceptance of their article by the Editor.

MONTREAL, AUGUST, 1893.**HAVE YOU HAD A HOLIDAY?**

Having as we have a direct interest in the good health and long life of our subscribers, we hope they will not think that our asking the above question is impertinent. There can hardly be any but the one opinion on the question as to the advisability of the medical man laying aside for a few weeks out of every year the worries and anxieties which are inseparable from his lot. There are some classes of workers who not only do not need holidays but who may even be better without them. Such, for instance, are those engaged in steady manual or other muscular labor which can generally be performed automatically and without the slightest mental effort. Provided that muscular effort is regularly followed by repose and sleep, steady work for six days out of every week all the year round and year after year is probably the healthiest condition for the human body. But it is different with the brain worker, and especially the physician. His muscular effort is not always followed by Nature's sweet restorer Sleep, and during his waking hours his brain hardly ever for a moment rests, while even during sleep in many cases his brain does not rest. The brain work of the doctor, involving as it does so many matters of life and death, is peculiarly wearing, and unless relieved from time to time by a complete rest must sooner or later wear him out. Nearly all observers are

agreed that every living thing requires intervals of repose from its work; the busy practitioner has no Sunday and seldom an unbroken slumber. But one of the greatest evils of his mode of life is the want of sufficient exercise, which probably kills more victims than does overwork. Eating generally in a hurry, he often eats too heartily, without having a corresponding opportunity for using up the material taken in excess, which being, therefore, only partially oxydized, floods the system with effete material which taxes the excretory organs to their fullest capacity to throw them off. In order, therefore, to save his kidneys, liver and his skin, as well as to restore his weary brain and at the same time to tone up his heart and other muscles and to expand his lungs, he should take a holiday every year, preferably to be spent in tramping through some mountainous region where the roads are good and where there is a plentiful supply of pure mineral or other spring water. With the plainest of food, the purest of air and water, and plenty of exercise, the holiday seeker can hardly fail to obtain a new lease of life. If, on the contrary, he spends his holidays at a fashionable and crowded summer resort, or in attending the meetings of medical societies where more intellectual food is dished up in three days than one can digest in a year, he will derive much less benefit from the change. There are many suitable places within easy reach, but among them we might suggest Saratoga, or the Adirondacks, or the White Mountains, while for those who prefer the sea air there is the beautiful Atlantic coast and the lower St. Lawrence. We firmly believe that the time and money spent on such a trip will prove to be a profitable investment.

**ELEVATION OF THE LIMB IN THE
TREATMENT OF CHRONIC ULCER
OF THE LEG.**

Anyone who has had much experience in the treatment of this condition will probably admit that it is one which is very tedious, and likely to exhaust all the resources of the surgeon's art. While some cases are only cured when skin grafting has been resorted to, others have demanded nothing less than the amputation of the limb. Anything, therefore, which

will render chronic ulcers of the leg more amenable to treatment will surely be welcomed by those who have to deal with them. Such a measure is the elevation of the limb: not merely on a chair while the patient sits bolt upright on another one, nor even with the patient lying down in bed with the body half raised on pillows. To be of any use, the foot must be raised and the head lowered until the lowest part of the ulcer is higher than the highest part of the head. In order to attain this object, the simplest and most comfortable way is to raise the foot of the bed on two chairs or on a low table, so as to favor the constant emptying of the veins of the limb by gravity. But once the ulcer has healed the patient must never again assume the vertical position without first bandaging the limb. We have on several occasions completely cured in a few weeks, without the aid of skin grafting, ulcers of the leg which had dated back several years. The explanation is easy: the ulcer in the first place was due to a local necrosis of the skin, due as a rule to venous stasis or engorgement and a relaxed condition of the vessels. In the vertical position the weakened vein walls have to support a pressure of several pounds to the inch, while in the horizontal position with the limb elevated, there is not only no pressure on the vein walls but an actual suction or syphonage which completely removes all venous blood from the limb. The result is that not only all pressure is removed from the vein walls but also the parts are better nourished, owing to the great increase in the rapidity of the circulation, and the process of healing rapidly sets in. In addition to elevation of the limb, linseed poultices may be added with advantage for the purpose of maceration and removing the devitalized or partially necrosed tissue and for favoring granulations, but they must be left off as soon as the granulations have reached the surrounding skin, when they may be replaced by zinc ointment. Great care is necessary to see that the ointment is made from fresh lard, as if prepared from rancid lard, instead of soothing as it should always do, it will probably increase the smarting and pain. As a rule, it is better to have the ointment made from vaseline instead of lard.

We would be glad to hear from any of our readers who may try this plan, as we have not seen it mentioned much in the most recent works.

THE PAN-AMERICAN CONGRESS, THE CHICAGO EXHIBITION AND THE CANADA MEDICAL ASSOCIATION.

For those of our readers—and we hope they are the majority—who can afford a two weeks absence from home, a splendid opportunity will present itself for combining business with pleasure during the month of September. On the 5th, 6th, 7th and 8th of that month there will be held at Washington one of the most remarkable and interesting medical congresses that has ever assembled on this continent. There will be representatives not only from the various provinces of the Dominion of Canada and from every one of the United States, but there will also gather there our brethren from the great South American continent, about which we so little know. The federal government of the United States, with its proverbial generosity, has voted a handsome sum to defray the cost of entertaining the visitors from whom the Congress will not accept any contribution other than a literary one. A great number of interesting papers have been announced, so that those who attend will not only be handsomely entertained physically but they will also be sure of a rich intellectual treat.

After the close of this Congress a number of special trains will convey those who wish to visit the World's Fair to Chicago, at a moderate rate. Those who are interested in electrotherapeutics are invited to attend a meeting of the Electro Therapeutic Association on the 12th, 13th and 14th at Chicago, after which a week may be devoted to the Exhibition. On the evening of the 19th a start should be made for the meeting of the Canada Medical Association at London, Ontario, which opens on the 20th of September and lasts two days. They may thus reach home by the 22nd or 23rd, just seventeen days from their having left it. For those who cannot be absent so long, the Canada Medical Association and the World's Fair could well be taken in together.

SANITARY IMPROVEMENTS IN THE CITY OF QUEBEC.

We have much pleasure in calling attention to the excellent report of the Medical Health Officer of the City of Quebec, Dr. Catellier, for the year 1892, now before us. The sanitary

condition of the city is being rapidly brought up to the standard required by recent advances of science, with the result already that in one year the death rate has been reduced to the extent of 7 per 1000. As rapidly as the money at the disposal of the Board will allow, cess pits are being abolished, wooden drains are being replaced with tile ones, the civic hospital is being enlarged so as to accommodate all the cases of contagious diseases that can be induced to come there, tin and iron water closets are being replaced with porcelain ones, and a host of other reforms are being carried out, which will soon render Quebec with its magnificent site and pure water supply one of the most salubrious cities in the world. It remains to be seen whether the corporation of the city will be wise enough to provide the necessary money and men without which the most energetic health officer would be heavily handicapped. With a splendid hotel erected for the express purpose of making the stay of tourists in the historical city comfortable, it would be a very short-sighted policy indeed to drive these wealthy sojourners away by means of a high and preventable death rate. No one knows better than Dr. Catellier what to do, and it is to be hoped that there will be no stinting of the wherewithal to do it.

The American Medical Editors will have a Meeting and Banquet in Washington on the evening of Monday, September 4th, the day preceding the assembling of the Pan-American Medical Congress.

Dr. I. N. Love, of the *Medical Mirror*, 3642 Lindell Avenue, St. Louis, has been appointed Chairman of the Committee of Arrangements for Banquet, which fact gives ample assurance of the success of the latter.

It is earnestly hoped that every medical editor of all of the Americas will endeavor to be present on the interesting occasion. Please address the Chairman of Committee of Arrangements promptly.

BOOK NOTICES.

L'ART, revue bi-mensuelle illustrée, 8 Boulevard des Capucines, Paris.

Sommaire du No. 695 (1er Mai 1893).

TEXTE.—*La Comédie d'aujourd'hui*, par F. Lhomme. — *La Hollande des Ostade*, par Marguerite Van de Wiele. — *Onzième Exposition annuelle de la "Royal Society*

of Painter-Etchers," par Félix Buhot. — *Notre Bibliothèque*. — *Le cent-onzième Salon de Paris et le cent-vingt-cinquième Salon de Londres*, par Paul Leroi. — *Courrier musical*, par Adolphe Jullien. — *Courrier de l'Art*. — *Bulletin bibliographique*, par P. L., en tête de la troisième page de la couverture de cette livraison.

GRAVURES HORS TEXTE. — *Portrait de Mlle Juana Romani*, eau-forte d'Adrien Didier, d'après F. Roybert. — *On aime à les relire*, dessin d'Edouard Gelhay, d'après son tableau du Salon de 1893. (Le placement de ces gravures sera ultérieurement indiqué.)

GRAVURES DANS LE TEXTE. — *La Danse au cabaret*, eau-forte; — *Gueux enveloppé d'un manteau*, eau-forte; — *Homme et Femme marchant ensemble*, eau-forte; — *La Caricature*, tableau; — *Le Jubilé*, tableau; — *Le Goûter*, eau-forte; — *Intérieur de cabaret*, aquarelle; — *Paysan jouant au gallet*, tableau; — *Paysan avec une petite toque noire*, eau-forte; d'Adriaan Van Ostad. — *Le Baptême du Christ*; — *Ecran en tapisserie*. — *La Richesse de la France; ceux qui ne se mettent pas en grève*, dessin D'Eugène Buland, d'après un fragment de son tableau; — *Chez ma fruitière*, dessin d'Eugène Claude, d'après son tableau. — Etude de Lucien Laurent-Gsell pour son tableau: *le Concours des Bébés à la mairie de Passy*; — *L'Yvette à Dampierre*, dessin de Gustave Garaud, d'après son tableau; — *Au mouillage. Derniers reflets du couchant (baie de Cancale)*, dessin de G. E. Le Sénéchal de Kerdréoret, d'après son tableau; — *De Chioggia a Santa Marina*, dessin de Gaston Roulet, d'après son tableau. (Salon de 1893.)

PAMPHLETS RECEIVED.

Unless the edition of these valuable monographs has already been exhausted, the authors are generally quite pleased to send a copy free to any of our readers applying for them who mention the CANADA MEDICAL RECORD.

UMBILICAL HERNIA IN THE FEMALE. With a Report of Five Cases. By A. Palmer Dudley, M.D., New York City. Reprint from Vol. XVII. Gynecological Transactions. 1892.

ON THE RELATION OF ECZEMA TO DISTURBANCES OF THE NERVOUS SYSTEM. By L. Duncan Bulkley, A.M., M.D., attending physician to the New York Skin and Cancer Hospital. From *The Medical News*, Jan. 31 and Feb. 7, 1891.

THE INTERNAL TREATMENT OF LUPUS ERYTHEMATOSUS WITH PHOSPHORUS. By L. Duncan Bulkley, A.M., M.D., from *The American Journal of the Medical Sciences*, April, 1893.

CLINICAL STUDY AND ANALYSIS OF 1,000 CASES OF PSORIASIS. By L. Duncan Bulkley, A.M., M.D., physician to the New York Skin and Cancer Hospital, etc. Reprinted from the *Maryland Medical Journal* of Sept. 26 and Oct. 4, 1891. Baltimore, Journal Publishing Co., print., 209 Park Avenue. 1891.

SURGICAL THERAPY OF RECTAL CANCER. By Thomas H. Manley, M.D. Reprint from *Merck's Bulletin*, February, 1893.

MODERN HOMŒOPATHY: ITS ABSURDITIES AND INCONSISTENCIES. By William W. Brownig, A.B., LL.B., M.D., Brooklyn, N.Y., Lecturer upon, and Demonstrator of, Anatomy, Long Island College Hospital; Member of the Kings County Medical Society and of the American Academy of Medicine. Philadelphia: printed by Wm. J. Dornan. 1893.

This essay was awarded the prize of \$100, offered by DR. GEO. M. GOULD of Philadelphia, and is designed for distribution by physicians, in order to disseminate more enlightened views upon the subject of which it treats.

Copies of the pamphlet may be ordered of DR. GEO. M. GOULD, 119 South Seventeenth St., Philadelphia, at the rate of seventy-five cents a dozen.

SOMETHING MORE on the Pathology and Treatment of Hemorrhoids, Fissures, Fistulas and Ulcers in the Ano-Rectal Region, with a few Notes on Prolapsus-ani and Neoplasm. By Thomas H. Manley, M.D., New York City. Reprint from *Medical Brief*, St. Louis, Mo., December, 1892.

A NEW AND SAFE METHOD OF CUTTING ŒSOPHAGEAL STRICTURES. by Robert Abbe, M.D., New York. Reprinted from the *Medical Record*, February 25, 1893 New York, Trow Directory Printing & Book-binding Co., 201-213 East Twelfth Street. 1893.

THE SURGERY OF GALL-STONE OBSTRUCTION. By Robert Abbe, M.D., Surgeon to St. Luke's Hospital, New York; Professor of Surgery at the Post-Graduate Medical School, etc. Reprinted from the *Medical Record*, May 6, 1893. New York, Trow Directory Printing & Bookbinding Co. 201-213 East Twelfth Street. 1893.

DEFORMITIES OF THE NASAL SEPTUM AND THEIR INFLUENCE IN DISEASES OF THE EAR AND THROAT. By Wm. Scheppegrell, A.M., M.D., Assistant Surgeon of eye, ear, nose and throat hospital, New Orleans, La. Reprinted from the June, 1893, number of the New Orleans Medical and Surgical Journal.

CLINICAL NOTES ON CHANCER OF THE TONSIL, WITH ANALYSIS OF FIFTEEN CASES. By L. Duncan Bulkley, A.M., M.D., Professor of Dermatology, New York Post-Graduate Medical School, etc. Reprinted from Transactions of the Medical Society of the State of New York, 1893.

THE CURE OF COMPLETE PROLAPSE OF THE RECTUM BY POSTERIOR PROCTECTOMY. By John B. Roberts, M.D., Philadelphia, Pa. From the American Journal of the Medical Sciences, May, 1893.

THE OPERATIVE TREATMENT FOR MYO-FIBROMA OF THE UTERUS. By H. J. Bol'dt, M.D., Professor of Diseases of Women in the New York Post-Graduate Medical School and Hospital; Gynæcologist to the German Poliklinik and to St. Mark's Hospital; Consulting Gynæcologist to Beth-Israel Hospital, etc., New York. Printed from the American Journal of Obstetrics, Vol. XXVII., No. 6, 1893. New York, William Wood & Company, Publishers, 1893.

THE CLINICAL VALUE OF REPEATED CAREFUL CORRECTION OF MANIFEST REFRACTIVE ERROR IN PLASTIC IRITIS. By Charles A. Oliver, M.D., Philadelphia, Pa. Reprinted from American Ophthalmological Society Transactions, 1892.

COLLEGE OF PHYSICIANS AND SURGEONS, RICHMOND, VA. Announcement Session of 1893-4.

THE STŒCHIOLOGICAL CURE OF CONSUMPTION AND DISEASES OF THE RESPIRATORY ORGANS. From Letters to a Patient. By John Francis Churchill, M.D. Second Edition. London, David Stott, 370 Oxford Street, W., 1893. All rights reserved. Price one shilling.

MOVABLE KIDNEY. With a report of twelve cases treated by Nephrorrhaphy. By George M. Edebohls, A.M., M.D., New York.

POINTS OF SIMILARITY BETWEEN US AND HOMŒOPATHIC PHYSICIANS. The annual address of the President of the Philadelphia County Medical Society for 1892. By John B. Roberts, A.M., M.D. [Read May 24, 1893.] Reprinted from the transactions of the Philadelphia County Medical Society, 1893.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12, 13 and 14, at Appollo Hall, Central Music Hall Block.

Members of the Medical Profession interested in Electro-Therapeutics are cordially invited to attend.

AUGUSTIN H. GOELET, M.D.,
President.

MARGARET A. CLEAVES, M.D.,
Secretary.

The Canada Medical Record.

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MONTREAL, SEPTEMBER, 1893.

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Correspondence.

(By our own Correspondent.)

EDITOR OF CAN. MED. RECORD.

DEAR SIR :—

Perhaps a few words about the long talked of and well arranged Pan-American Medical Congress may prove of interest to those of your readers who were not able to have the pleasure of being present. The Congress was opened by an address of welcome from and a reception at the White House by the President of the United States on the 5th of September. This was followed by five minutes speeches in reply by representative doctors of Canada, the Argentine Republic, British West Indies, Chili, Costa Rica, the Dominican Republic, Ecuador and Venezuela, most of the latter speaking in French or Spanish. In the afternoon the twenty-one sections got down to work, the best attended ones being that of Gynæcology, and next to that Obstetrics. The section on General Surgery was complaining about the other special sections taking away from it most of the

interesting questions for discussion. Among the members from Canada were Drs. Roddick, Gardner and Lapthorn Smith of Montreal, Montizambert of Quebec, McCallum of Toronto, and several others, who all received the most cordial attention. In the evening of the first day there was a splendid reception and champagne supper; on the second evening, a promenade concert at Metzerett's hall, when the celebrated Washington Marine Band rendered some fine music. On the third evening there was an excursion provided for on a large steamer down the historic Potomac, with music and refreshments, returning to the city at ten o'clock. On Friday, at the close of the section work, a special train of ten Pullman cars was furnished by the United States Government to convey the foreign members and guests of the Congress to Chicago via Baltimore, Philadelphia, New York, Boston, Albany, Saratoga, Niagara Falls, Detroit, Cincinnati and St. Louis, at which cities entertainments will be provided, the trip terminating on the 19th Sept at Chicago. This is mentioned merely to give one an idea of the liberality with which the United States do these things. It will certainly

interest our brethren from the Southern hemisphere to see such wonderful evidences of progress both in medical and every other art and science. Dr. Osler, formerly of Montreal, was on hand to extend a hearty welcome to his former countrymen, both at Washington and also at Johns Hopkins Hospital. At the latter city Dr. Howard Kelly received a large number, and gave a demonstration of catheterizing the ureters, which he performed with wonderful dexterity in less than a minute, and a coeliotomy performed with minute attention to details.

On the evening of the 6th Sept., previous to the concert, Dr. Pepper delivered in a beautiful, almost dramatic, style an address which should have been read at the opening meeting. However, a more cosmopolitan audience was probably secured by this course, for the delegates to the Congress were present in force, and in addition a number of non-professionals who could not have been present on the former occasion. Therefore, the address, which was an exposition of the purposes and scope of the Congress, reached the ears of a very much larger constituency, and will redound to the credit of the movement among many people to whom the ordinary proceedings are Greek.

The handsome and spacious hall was taxed almost to the utmost of its seating capacity when President Pepper commenced. He was accompanied to the front by several of the honorary presidents and distinguished delegates, while Dr. S. S. Adams performed the almost needless ceremony of introducing the speaker to the audience. Loud applause greeted Dr. Pepper as he stepped forward, and was equally vigorous at the close of his discourse, when he was called back for a few additional remarks. He spoke in part as follows:—

Gentlemen of the First Pan-American Medical Congress:

This occasion is a unique one, and the thoughts which force themselves on the minds of all of us are, I am convinced, so similar that the briefest greeting might well seem the most fitting address. But when I reflect that I stand here to represent the original committee appointed in pursuance of the resolution which was adopted unanimously on May 5, 1891, at the meeting of the American Medical Association, and that this resolution extended a cordial

invitation to the medical profession of the western hemisphere to assemble here in a congress, I realize the unusual dignity of the duty I must discharge. The recognition of the appropriateness of this great meeting has been immediate and universal.

The year whose four hundredth anniversary we now celebrate found the world stirred as never before. A work of tremendous importance for the future of the human race had been going on amid the gloom of what are often called the Dark Ages. The more closely this period of absorbing interest is studied the more do we appreciate the magnitude and the necessity of the changes effected during those centuries in preparation for the splendid activities of the renaissance. The mission of the Middle Ages had been really, though not obviously, a cosmopolitan one, and it was fitting that the noblest achievement of the renaissance should be the discovery of America.

In no respect, however, may the discovery of America be regarded as the dividing line between the Middle Ages and the Modern Era more truly than in regard to medical science. In spite of the prodigious learning of the most distinguished Arabian and Jewish physicians their medical science was far too largely speculative and philosophic. But the outcome of the long dominion of the Arabs and the Moors so far as concerns medical science, was merely a marked advance in chemistry and pharmacy, the introduction of many new remedies, and the advocacy of the union of the natural sciences with medicine. Their chemistry was tinctured strongly with alchemy, their clinical teaching was elementary, their diagnosis and treatment lacked the true Hippocratic force and directness.

The history of European medicine for more than 300 years is a record of which we may well be proud, when the enormous obstacles to progress are held in view. It is not necessary to remind this audience of a single one of its great triumphs. Vesalius and Pare, Harvey and Sydenham, connect themselves with Bichat and Laennec, and Hunter and Jenner, and Pasteur and Lister, and Virchow and Koch, and the torch of genius is passed down the line of these immortals, and lights up the ages with the splendor of their achievements. But it is sad to reflect upon what has been done

as contrasted with what might have been. The dense ignorance of rulers and masses on scientific questions, the slow progress of sound, useful education among the people, the huge claims of imperialism and of militarism, the wanton waste of luxury, have retarded research, have left but paltry sums available for the diffusion of knowledge, have hindered the embodiment in legislation and in actuality of much that would help the healing of the nations.

In North America, although Harvard College was founded in 1636, the title of university seems to have first been applied to the University of Pennsylvania, which in 1765 established the first school of medicine in the United States. The scattered handfuls of early settlers on our shores had, indeed, problems facing them more urgent than the promotion of science. They differed as widely in their motives for undertaking the appalling task of conquering and colonizing America, and in their fitness for the work, as they did in their nationalities.

Here was a new and great intermixture of races, where new problems of ethnology must be studied and the problems concerning the relation of man to his physical environments.

There is much of this work yet to do, and a large share of it must devolve upon the medical profession.

I cannot detain you by enumerating the services already rendered by America to medical science. They began immediately after the discovery by important contributions to pharmacology.

This Congress meets at a period of peculiar and critical interest in medical education, and I am glad to say that for the first time in the medical history of the United States we may feel proud to have such a meeting convened here, and to invite a close examination of our educational standards and facilities. I should fail in courtesy and in candor alike were I not to acknowledge the value of the example which has been so consistently set by Latin America and by Canada in the maintenance of a high standard of qualifications for medical practitioners.

Fifteen years ago the medical profession of the United States arraigned severely the management of their over numerous medical schools.

There have been many wholesome reforms since that time, and much beneficial legislation to rectify those shortcomings, and it has been done without governmental aid. This has been with a high sense of duty and devotion to science on the part of medical faculties.

A broad field opens before us for the study, with the aid of collective investigation, of the distribution and course of phthisis and rheumatism and other important diseases as influenced by race and locality. The endemic fevers, other than malarial and typhoid and yellow fever, which are said to prevail in various parts of North and South America, have long demanded systematic investigation to complete the study which the illustrious Drake began. We shall now have the opportunity of studying equally, by means of selective investigation, the relative effects of various climates on the numerous races now represented in America, and of determining more accurately the scientific and practical questions connected with our extensive series of health resorts, which embrace the finest examples of every type.

After the close of the address, and while the floor was being cleared, many persons came forward to meet Dr. Pepper and congratulate him on his splendid effort. The Marine Band then took possession of the stage, and while the guests strolled about and engaged in social converse, rendered a musical programme.

Among the many papers read in the sections, brief abstracts have been made, and they will be sent for publication in the CANADA MEDICAL RECORD, in due time.

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, March 3rd, 1893.

E. P. LACHAPPELLE, M.D., FIRST VICE-PRESIDENT, IN THE CHAIR.

Cor Bovinum; Cardiac Failure; Myocarditis; Infarct of Posterior Coronary; Sudden Death.—DR. ADAMI brought before the Society a case of heart disease presenting certain unusual conditions.

The patient, A. H., aged 35 years, a powerfully built man, had been engaged at a brewery, and had been accustomed to lift and carry about

casks of great weight, and at the same time, after the manner of his kind, to consume large quantities of beer—for the last three years he had taken from five to eight quarts daily. In October, 1892, previous to which time he had enjoyed excellent health, he was seized with dyspnoea when at work, succeeded by palpitation and great weakness. He stopped off work for a week, and, on resuming, the symptoms had disappeared completely. About December 15th, again while at work, a similar sudden attack of dyspnoea came on, and again he was obliged to discontinue. For two days he had almost continuous dyspnoea, and then palpitation and prostration supervened, with some oedema of the lower extremities, and he was forced to remain in bed. There he remained until January 26th, when feeling somewhat stronger he got up for the first time and walked to the General Hospital, where he was admitted under Dr. Stewart. There was a good family history, and the personal history revealed no previous rheumatism, syphilis, chorea or other disease predisposing to cardiac lesions. There was no complaint of palpitation while the patient was in the hospital; the pulse varied from 68 to 100, and was irregular in volume and in rhythm; the arteries were thickened and not easily compressed. The apex beat was in the sixth interspace $5\frac{3}{4}$ inches from midsternum, and the vertical dullness began at the lower border of the third rib, the transverse began at the right edge of the sternum and extended $6\frac{3}{4}$ inches to the left. There were no murmurs to be heard. The urine contained no albumen on admission, but before death was loaded with it.

A diagnosis of myocarditis was made, and the patient appeared to be improving slowly for a time, but for two weeks before death the dyspnoea became more severe and more frequent, finally becoming Cheyne-Stokes in character, and upon the morning of February 24th the patient died suddenly.

At the autopsy performed upon the following day there was found some anasarca of the lower extremities and slight oedema below the eyes. The lungs were greatly congested and oedematous, so that they only just floated; there were, as so frequently is the case in Montreal, evidences of old pleurisy. The liver was enlarged, fatty and congested; the mucous membrane of the stomach was also moderately congested; there were evidences of old peritonitis in the shape of adhesions. The kidneys were congested, the cortex enlarged and fatty, the capsules peeled off with some difficulty, and the surface of the organs showed well-marked granular change; in both kidneys were several white infarcts surrounded by inflammatory zones.

The heart, however, showed the greatest departure from the normal. Upon opening the thorax it could be seen to be of great size. The apex lay $\frac{1}{4}$ inch outside the left nipple line and

2 inches below; the left lung was pushed upwards and outwards. The pericardial cavity contained more than 250 c.c. of fluid, having a very faintly reddish tinge, but there was no recognizable sign of recent pericarditis, though there was a slight old and loose adhesion close to the apex of the left ventricle. All the cavities were greatly dilated, those of the right side contained fairly solid clot, those of the left a softer, more tarry, coagulum. The heart weighed 690 grm., or just about three times the normal. It was a true "cor bovinum." There was no acute and but little evidence of chronic valvular disease. The pulmonary orifice measured 8.4 centimetres in circumference, the aortic 7.5, and just above the orifice there was a little early fatty degeneration of the intima of the aorta; the segments of both pulmonary and aortic valves were normal. The tricuspid orifice admitted the tips of four fingers, the mitral those of three; and in connection with this last valve the papillary muscles were greatly hypertrophied, the chordæ somewhat short and thick, as were also the edges of the cusps. The endocardium of the ventricles presented no inflammatory change recognizable by the naked eye. The walls of all the cavities were hypertrophied; at the junction of the upper and middle third the myocardium of the left ventricle was 2.3 cm. across. The muscle substance could not be described as other than firm, but here and there it was perhaps a little paler than normal. Upon dissecting up the coronaries no endarteritis was found, but in one branch of the right coronary passing over the hinder wall of the left ventricle, there was at the commencement of the lower third of the organ a red clot about half an inch long, and beneath this the myocardium was red and suffused with blood.

Unfortunately by mischance the heart and kidneys, having been taken from the post-mortem room to demonstrate to Dr. Stewart's clinic, did not reach the laboratory until twenty-four hours later, and then were in a condition far from satisfactory for study of finer details, so that I am unable to make any further statement than that the myocardium around the seat of the lesion of this coronary vessel was necrosed, and here and there were evidences of fatty degeneration in the heart muscle and that the fibres of the left ventricle were in general thin and smaller than normal. Some of the finer branches of the right coronary coursing on the surface of the left ventricle showed evidences of both acute and chronic endarteritis. There was no marked interstitial fibrosis, nor could any small celled infiltration be recognized.

This case, while presenting features which if relatively uncommon are capable of explanation, is beset with several difficulties. It is easy to find in the hæmorrhagic infarct of the left ventricle the cause of the sudden death. But what brought about the condition of this

branch of the coronary vessel? The endocardium of the left side of the heart showed no lesion; the lungs presented no septic foci, they were simply the congested lungs of heart failure. There is no origin to be found for any embolic mass which would at the same time explain the infarctous condition of the heart and the older infarcts of the kidneys, and this being the case I am led to hazard that both conditions originated *in situ*.

Turning for a moment to the general state of the heart, the hypertrophy, the great dilation and the cardiac weakness. Here, it seems to me, we have an interesting series of events which have led to the condition found at the autopsy. The patient had evidently been a most powerful man and had been accustomed to frequent great muscular exertion. This alone, as has repeatedly been seen in athletes, blacksmiths, and others engaged for long continued periods in progressively advancing feats of physical strength, will lead to great hypertrophy of the heart,—in fact, to the condition of “*cor bovinum*,” and the organ may continue to do its work perfectly well for long periods under the great strain to which it is regularly subjected, although the tendency is often seen to be towards eventual failure. In this case we have to deal with sudden failure, and the explanation is not far to seek. Great exertion alone at times suffices to bring on what Latham has termed “heart-shock,” in which it would seem that the condition of over-strain and using up of the reserve force of the organ is followed by incomplete power of the organ to perform its normal functions subsequently under normal conditions—it has become dilated, and cannot contract to the usual volume again, and with this there are all the signs of cardiac failure. But in a case like this before us, where the patient has been used to great exertion, something more, I think, has to be invoked to explain the suddenness of the failure, and that something is found in the excessive abuse of alcohol. As Professor Roy and I have shown experimentally, sudden or acute dilatation of the heart may be brought about by injecting alcohol into the venous circulation, and as Dr. Graham Steel first pointed out to me, this condition of acute alcohol dilatation has been recognized clinically for some years, although it is not yet mentioned in the text-books. Given these two factors, physical exertion and the consumption of unlimited beer, acute dilatation may be safely prophesied as waiting upon hypertrophy.

In this condition we have all the elements requisite to set up a vicious cycle. When the heart muscle is in so enfeebled a state that, even when the patient is at rest, it cannot contract with each systole sufficiently to return the ventricle to its capacity in health, then the arterial blood pressure becomes lowered, the coronary circulation is weakened, the heart muscle

fails to receive sufficient nutrition, it becomes further enfeebled—the heart becomes increasingly dilated. And it may be that in this case we have not to do with either infarct due to embolus or thrombus due to endocarditis of the coronary artery, though this latter is a not impossible explanation, but to rupture of the weakened vessel of a degenerated area at some moment of attempted increased cardiac exertion, and that to this rupture is due the infiltration of the muscle immediately surrounding the vessel, the coagulum that filled it, and the sudden death from disturbance of the functions of even a few fibres of the heart muscle. For here it would seem that, just as in Cohnheim's classical experiment, sudden death has been brought about by stoppage of the circulation through one small branch of the coronary artery.

Dr. ADAMI regretted that Dr. Stewart was not present to throw some light upon the clinical history of the case. Cases of myocarditis unaccompanied by pericarditis or endocarditis were very rare, and he was sorry that the condition of the organ prevented him from making an absolute statement as to whether there were clear signs of inflammation having preceded the degeneration met with in this specimen.

Dr. LAFLEUR had some knowledge of the case. The patient came to the out-door department, complaining of shortness of breath and palpitation, which had been going on for several weeks. He had been in the Hospital before with an attack of the same nature, and was discharged sufficiently relieved to return to his occupation. He described himself as drinking to excess, and engaged in an occupation that entailed very heavy lifts. At the time a diagnosis was made of probable myocarditis; it was made from the facts that there was dilatation and hypertrophy, without anything to attract attention to valvular lesions, no organic murmur, no history of antecedent disease which might have given rise to such a condition. The condition of the heart found at the post-mortem was particularly interesting; and he would like to ask Dr. Adami if the condition of commencing necrosis was strictly limited to the part about the supposed hæmorrhagic infarct, or whether it was generally spread throughout the muscular substance of the heart.

Dr. ADAMI, in answer to Dr. Lafleur, regretted to say that he could not be sure of the condition in various parts. While there was what might be partial necrosis in other parts of the heart, yet he could not arrive at an exact statement; and all that could be said was that the heart substance showed a certain amount of fatty change, a certain amount of degeneration.

Excision of the Tongue.—Dr. JAMES BELL brought before the Society a case upon whom he had recently operated for the removal of the tongue. The whole tongue was removed on

December 22nd by Whitehead's operation, which method consists in simply snipping the organ off with scissors. The patient was discharged on January 8th.

Dr. BELL related the history of another case, who, after operation, developed a mild pyæmia; and, although now fully recovered, was unfortunately not well enough to bring before the Society. An interesting feature, however, about this case was the mildness of the pyæmia. Twenty-four hours after operation he developed a slight swelling at the angle of the jaw, and later on swelling about the right trochanter.

Dr. ADAMI, exhibiting the specimens, said that both are well marked epithelioma. With regard to the second case, in addition to a perfectly typical epithelioma, it shows considerable infiltration and advancing condition into the surrounding muscle.

Removal of Pus Tube and Ovary with Adherent Vermiform Appendix.—Dr. LAPHORN SMITH reported the following case: Mrs. S., age 35, married twelve years, no children, one miscarriage a year after marriage, since which she has never been well. She has had five attacks of pelvic peritonitis, which confined her to bed for several weeks each time. Her present attack came on one week before admission, when Dr. Reddy was called in and treated her with salines, with considerable benefit.

She entered the Hospital on the 2nd February, the temperature then being only 100.4°, but it fell to normal after a few days of the same treatment, with the addition of hot douches. The principal symptom was pain in the right ovarian region of a sharp and burning nature, the same as she had always had with these attacks. During the past eleven years, every menstrual period has been followed by severe pain across the lower part of the abdomen, coming on only in the morning, but disappearing towards evening. She has suffered from constipation as long as she can remember, but she has never been troubled with her water, an analysis of which shows that it is normal.

By bi-manual palpation a hard swelling could be felt in the right inguinal region, which was firmly attached to the uterus about the region of the right cornu, and slightly movable with that organ. The induration extended all around the right half of the pelvis, but to a lesser degree, the whole of the swelling being very tender on pressure. The very hard mass was irregular in shape, consisting of several nodules, one of which was slightly fluctuating.

Diagnosis was made of pus tube and ovary matted together and bound down by old and recent pelvic peritonitis, the recurring attacks of which were probably due to leakage of pus from the tubes.

As no treatment would have been of any use unless it removed the source of the disease, namely, the pyo-salpinx, on the 25th

February I performed coeliotomy, assisted by Drs. England and Geo. T. Ross, the patient being placed in Trendelenburg's posture. After the usual rigorous antiseptic precautions, the abdomen was opened by a four inch incision. The omentum was found to be adherent to the abdominal wall as high as the level of the superior spines of the ilium, but it was peeled off without great difficulty. The omentum was so firmly adherent to the pus tube that it was impossible to detach it; it was therefore tied in two segments and then *en masse*, and cut off. Great difficulty was experienced in enucleating the inflammatory mass from its bed of old adhesions, the process involving the rupture of the abscess cavity. From this about an ounce of ichorous fluid escaped, as well as about four ounces of straw-colored liquid resembling urine, but which was found to have come from a portion of the peritoneal cavity walled off by adhesions. While enucleating, a portion of the mass broke off, and on withdrawing it I found adherent to it a long, thin, healthy-looking cord, which could be drawn six inches from the abdomen. This cord was cut and held temporarily with a Pean forceps, to be examined and dealt with later on. The main mass, consisting of the tube and ovary, were then dug out, bringing with it a portion of the uterine peritoneum. The above mentioned cord-like tube was then carefully examined; it was found to be round, perfectly cylindrical, that is to say, the same diameter at both ends, its interior lined with mucous membrane, but without any peritoneal covering. As it is quite common to find the vermiform appendix adherent to the right uterine appendages, I at once declared this to be the appendix, but on drawing firmly upon it, instead of being able to trace it towards the cæcum in the right inguinal region, it led directly up towards the right kidney, disappearing underneath the intestine, which was matted together. Some of the onlookers were convinced that this was the ureter. In order to make sure that the bladder had not been torn, it was tested by the injection into it of a half-pint of boiled water, which did not come through into the abdomen, and which, on the contrary, flowed out of the natural channel unstained. The left tube and ovary appeared healthy, and were not removed. While examining them, several large lumps the size of pigeons' eggs were felt on the anterior wall of the rectum, beneath the peritoneum. One of them was lifted up to the incision, and inspected, when it was seen to be yellow in color, resembling very much an enlarged cancerous lymphatic gland. The enlargement may, however, have been benign, and merely due to infection from the pus tube, although I have never seen anything like them before in this situation. The abdominal cavity was carefully washed out with four or five gallons of sterilized water, as hot as could be borne,

which was paddled about among the intestines until it returned quite clean. The question now arose as to what was to be done with the cord which I believed to be appendix, but which was thought by several to be ureter. The patient was apparently in extremis, so that very little time could be spared in dealing with it. In case that it might possibly be the ureter, I thought the safest thing to do was to attach it to the lower angle of the incision, where, if it were the appendix, being healthy, it could do no harm, while if it should prove to be ureter it would avoid the destruction of the kidney by hydronephrosis. This was therefore done, and the abdomen was hastily closed with through and through silkworm gut sutures. When placed in bed her prospects were not encouraging, but she soon rallied under enemata of beef tea and brandy. There was considerable abdominal distension, but this was relieved by repeated enemata of sulphate of magnesia and glycerine.

During the first twenty-four hours, nothing whatever was given by the mouth; during the second twenty-four hours, only a few teaspoonfuls of hot water; during the third twenty-four hours, she was allowed two quarts of hot water; and during the fourth twenty-four hours, three pints of milk and lime water, and so on in increasing quantities. The drainage tube was removed at the end of the third day. The further history of the case was uneventful. I show here the chart of the temperature, pulse and respiration. The highest temperature recorded was 99.45° , and the highest pulse 99, both on the fourth day.

The pleasure of seeing this patient making such a good recovery after so severe an operation compensates me for the anxiety I felt in the presence of so much doubt, caused by the unusual length and direction of the appendix. If I had been sure that this cord was the appendix, and if the patient's condition had warranted me in prolonging the operation, I would probably have removed it; but the leaving of the rest of the appendix which was healthy has not in any way interfered with the result of the operation, which effected its purpose, namely, the removal of neglected pus tube and ovary, which had long been a menace to the patient's life and a barrier to her comfort.

The specimen was referred to Dr. Adami for a report upon its nature.

Two Cases of Appendicitis.—Dr. BELL showed two specimens which he had removed during the last ten days. One of these in itself answers a good many of Dr. Laphorn Smith's questions. The largest part is the apex, and the smallest that nearest the cæcum. The apex was near the liver, and as he pulled it out he thought that he was pulling something wonderfully long. It was near the apex that it was diseased, so he was not particular about remov-

ing it close to the cæcum. It was removed for recurrent attacks of appendicitis. The first attack was one year ago last January, another attack in November last, and a series of attacks since then, never fully recovering from any of them and lasting until Wednesday week, when he was operated upon. It was clearly one of those cases of catarrhal appendicitis. The patient at first declined operation, and it was not urged. He went away, but being unable to work returned with a sausage-like mass in the line of the ascending colon. There was no pus, nothing but adhesions, which made it difficult to separate the swollen point of the appendix.

The other specimen was removed last night at 10 o'clock. It shows a gangrenous appendix. It is one of the earliest operations he had any knowledge of. The patient went to his work on Wednesday morning; some time during the morning was attacked with a pain in his side, but worked all day. He sent for a doctor during the night, and was operated upon before 10 p.m. the following night—within 36 hours from the time of his first symptoms, and 24 hours after leaving his work. The middle portion of the appendix was quite gangrenous, but there was no pus about it, it was the separation of the adhesion that caused the gangrenous portion to give way. It lay curled up behind the ascending colon and was gangrenous in its middle portion. No concretions were found.

Both patients are doing well, but the patient from whom the first was removed contracted a pneumonia, from which he has recovered.

Dr. J. ALEX. HUTCHISON said that he had assisted Dr. Armstrong in an operation for appendicitis, that was almost, if not quite, as early as Dr. Bell's second case. The first symptoms were on a Friday morning, and the operation was performed on Sunday at 7 a.m. A gangrenous section was removed, and the man died three hours afterwards.

Rapidly Growing Ovarian Cyst.—Dr. WM. GARDNER gave the following history: The patient, a woman between 40 and 50 years, some time past the menopause, had suffered from enlargement of the abdomen and pain for a year or so. The peritoneal cavity obviously contained fluid. The hand easily detected a very movable firm tumor, easily recognizable as independent of the uterus. At the operation, peritoneal fluid escaped, and the tumor was delivered with very little difficulty. The interest of the case is that it is a multilocular growth, of the nature of which Dr. Adami will tell us. It was at once obvious that the large anterior cyst had ruptured, and the fluid had escaped into the abdominal cavity. There was an attempt to repair on the part of the cyst, and parts of the edges were atheromatous. There was also a patch of adventitious membrane around

this region. What excited his suspicion was the fact, which was insisted upon by the patient, of frequent variations in the size of the abdomen. The course of recovery was perfectly smooth.

Dr. ADAMI briefly described the tumor as a rapidly growing ovarian cyst. It varied in its density in various regions. There is a large anterior cyst which had burst. Besides this there is one region that contains a large number of completely recognizable cysts lined by epithelium with mucoid contents, and another region in which there are much smaller cysts recognized by the microscope, and which is a much more solid portion. It is characteristic of the multilocular ovarian cyst in its various appearances. There is not much evidence of papillomatous growth into the cyst cavities.

Masked Tuberculosis.—Dr. W. S. MORROW read a paper on this subject.

DISCUSSION.

Dr. BLACKADER said that there was one fact that Dr. Morrow did not bring out, that is the association of anæmia with tuberculosis. This was pointed out in a very careful paper read last year by Dr. Richford at Cincinnati. In a great number of careful enquiries among a large number of children, characterized by pallor and anæmia, with lessening of the number of red blood corpuscles, he found that in the great majority this condition was associated with tuberculosis in the family. More than that, in a number of members of the same family quite a number might die of phthisis, yet one or two members of the family would be exposed all the time and they would not contract it, yet they were looking pallid, anæmic, with evidence of what one would suppose might constitute them fit subjects for the disease. How was this? How is it that they resisted the invasion of tuberculosis? It was suggested that there was a certain amount of tubercular condition of the internal glands which to a certain extent afforded immunity for the time being from tubercular affection in the pulmonary organs. How far this answer is correct is very uncertain, yet it appears worthy of consideration.

Dr. F. W. CAMPBELL said that he knew of no subject to-day so full of interest as tuberculosis. It is unfortunately an exceedingly common disease, and it is a good thing now that we have recognized the fact of its being a contagious disease. He pointed out that the great majority of tubercular people carry in their faces the signs of tuberculosis. Another point is the extraordinary prevalence of tuberculosis after accouchements. Those who have very large experience with life insurance will be able to appreciate this fact. When you get a history on a life insurance paper of one, two or more members having died in accouchement, an investigation will often reveal that these sudden deaths were due to tuberculosis, and this in spite

of the absence of any trace of tuberculosis in the family.

Dr. LAFLEUR was pleased that Dr. Morrow had mentioned the Ehrlich's reaction of the urine. There is a general impression that it refers solely to typhoid. It had been his experience that it is very apt to be found in tubercular cases. There is one other little point in the paraphernalia of diagnosis that might have been touched upon, viz., the examination of the blood. In these cases where there are chills it is extremely important to exclude malaria by an examination of the blood. In tuberculosis the examination will show one thing very constantly, viz., increase of the white corpuscles. This is said not to occur in typhoid fever, and therefore it might serve to separate a case from that disease.

Dr. WM. GARDNER said that his experience in abdominal surgery bears out to some extent the points mentioned by Dr. Morrow. When one has not much experience, and sometimes when one has a great deal of experience, he will open the abdomen for something else and find tuberculosis; with increased experience he would be more ready to suspect such a condition, and one should always have in mind the possibility of tuberculosis.

Dr. H. S. BIRKETT very frequently has cases referred to him where the only symptom is a slight cough, and where the physician in attendance is quite sure there is no sign in the chest to account for it; yet these cases often afterwards develop the physical signs of pulmonary tuberculosis. Such cases may often be diagnosed at the very outset by an examination of the throat. The pharynx viewed under a bright light, something brighter than sunlight, will be seen to be quite anæmic, and it is found from experience that this marked anæmia of the pharynx is often the only indication of an incipient phthisis.

Dr. J. B. McCONNELL asked if Dr. Morrow had examined the intensity of the heart sounds as an indication of disease of the lungs. He has noticed that in cases where the lungs gave no clue to the cause of the trouble, an accentuation of the second pulmonary sound may be detected, and this should often lead us to suspect pulmonary tuberculosis where there were no other symptoms.

Dr. KIRKPATRICK related the history of a child eight years of age. There was a suppurating gland in the groin which was to have been scraped out. The operation was postponed for a few days. In the meantime, resolution set in and the abscess disappeared. Very shortly afterwards tubercular meningitis set in, and the child died in about two weeks. Probably had the abscess been dealt with antiseptically in the first instance, as was intended, the child's life might have been saved.

Dr. MORROW, in answer to Dr. McConnell, said that he had no record of the nature of the

pulmonary second sound in the cases he had reported.

Report of the Committee on Infectious Diseases.—Dr. J. C. CAMERON read the report. Continuing, he said that the course recommended by the Committee was, if the report was adopted, that a deputation wait on the Mayor, who is thoroughly with us in this matter, and he will introduce the deputation to the Council, and the report will be presented. After this it is proposed to print the report and publish it through all possible channels, in order that public opinion may be awakened to the importance of the subject.

Dr. LACHAPELLE, before putting the question, desired to say that he quite agreed with every part of this report, and that as a sanitarian he was glad to see this Society so actively alive to the interests of the public health. He wished that all physicians were actuated by the same public spirit, especially as to the reporting of cases of contagious disease, and this, he regretted to say, is not always done. If the Provincial or any other Board of Health is to do anything, they must have the information, the physicians must report their cases. Of course there are some prejudices against the practice, but the physician who knows better should not pander to them at the public cost. Moreover, if everyone reported his cases, there would be no trouble; it would take but a very short time for the public to be reconciled to the inevitable, and everything would then run smoothly. So far as the appointment of a properly qualified person for bacteriological examination as an aid to diagnosis is concerned, he said that the Provincial Board of Health is fully aware of the importance of that step, and is willing and is now specially working to obtain from the Government the authority, the money, and especially the room for the establishment of such a laboratory. He said, further, that the Government seems very well disposed to do their duty in this respect.

The report was adopted, and the Vice-President requested the same committee to act as a deputation to the City Council.

Stated Meeting, March 17th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

E. C. Feild, M.D., of Prescott, was elected an ordinary member.

Dystocia due to Hydrocephalus—Dr. D. J. EVANS read, for Dr. Schmidt and himself, the report of the case, and exhibited the specimen.

Mrs. B., aged 42, 1X. para. General health has always been good. Married at 30 years of age. Previous pregnancies normal, with exception of last, which terminated in the seventh month. Labors easy. No abortions.

No specific history on either side. Husband somewhat addicted to alcohol. Very early in present pregnancy the patient assisted a friend at her confinement, and was much startled at seeing the head of the child born. She gives this as a possible cause of the condition of her child's head in this instance. Patient, as she approached term, noticed herself to be far larger than she had ever been before, but suffered very little inconvenience otherwise. Labor pains began about 7 p.m., March 10th, 1893. Her physician reached her at 7.30 p.m., and states he found her enormously distended. Pains were frequent and strong. Diagnosed breech presentation. Membranes ruptured about 9 p.m., and a tremendous quantity of water flowed away. The body of the child was born without difficulty about 10.30 p.m. The cord was pulsating, so the physician endeavored to disengage the head as quickly as possible. No pains being now present, *iii. tr. ergotæ* were given within an hour. He attempted to apply the forceps, but without success; so he summoned assistance. I reached the case about midnight, and found the child born all but the head. The dystocia had been diagnosed as due to hydrocephalus. This I was able to establish by external palpation, the fluctuating sutures and the edges of the parietal bones being easily distinguished. With the concurrence of my colleagues I then adopted Tarnier's procedure. The vertebral canal of the child was opened in the dorsal region, and a No. 7 gum elastic catheter introduced through it into the cerebral cavity, and a large quantity of serum drained away. As soon as possible the head was drawn down and an opening made behind the left ear, which permitted a large quantity of fluid to rapidly escape, and the head was then easily delivered. The after-birth was expressed in about twenty minutes, without difficulty, and came away entire. A uterine douche of hot creoline solution (5i. to Oi.) was then given, and after the patient had been cleaned, a little pulv. iodoform was dusted over the vulva and a vulvar pad and a binder applied. On the fourth day the temperature was 99.5°, so a vaginal douch was given, which brought it back to normal, where it has remained since.

The measurements of the child's head are as follows:—

Circumferences.—O.F. 66 c.m.

O.B. 67.4 "

Diameters.—B.P. 21.0 "

O.F. 20.1 "

Sub. O.B. 19.8 "

Length of Body.—67.4 "

Intra-uterine hydrocephalus is a very rare condition, occurring only once in 1000 cases. Mdm. Lachapelle records only 1 in 43,555 births.

Hydrocephalus is due to the abnormal col-

lection of serum in the lateral ventricles, which latter may become enormously distended, causing the cranial bones to become thinned and softened and the sutures widely dilated. The condition has been attributed to syphilis, alcohol, cretinism and consanguinity. The mothers are, as a rule, past forty years of age. Hydramnios is frequent in these cases. The foeti are frequently the subjects of spina bifida and talipes equinus as well.

Spontaneous delivery only occurs in mild cases or where the fluid escapes into the subcutaneous tissue or into the pleural or peritoneal cavities of the child.

Diagnosis.—The diagnosis is not difficult in these cases, if abdominal palpation is carried out systematically. This is the second case I have been enabled to diagnose by this means. The first case I saw in the Clinique Baudelocque, under Pinard's care, in Paris. The large size of the head, the difficulty with which it can be pressed down into the pelvis where the latter is normal (Eindruckbarkeit, as the Germans call this procedure), the fluctuating sensation of the fontanelles and sutures, are all points to aid in diagnosis by palpation. In fat women, where this condition is suspected, the whole hand must be introduced into the uterus, if necessary, to complete the diagnosis.

Prognosis.—For the Child.—Chassainat's records show that in 60 cases of hydrocephalus, 41 died before or during labor. Only 4 out of 19 born alive lived for several years. Paultet, after diligent search, failed to find the record of a single case that, having caused dystocia, lived. *For the Mother.*—The great danger is rupture of the uterus. Kieller, of Edinburgh, records that in 74 cases rupture occurred 16 times. Charpentier stated that 17.79 per cent. of these cases die from uterine tearing. Paultet records that in 106 cases 21 mothers died.

Treatment.—As soon as diagnosis is established and dystocia threatens, in vertex cases, perforate with a trocar and drain off the fluid. In breech cases, which occur frequently in this condition (one in every five cases), the proceeding I adopted in this case, which was first employed by Tarnier in 1860, recommends itself by its simplicity, its effectiveness and its lack of danger to the mother.

The forceps are more than useless in this condition, as a hold cannot be obtained, and they are very apt to injure the soft parts by slipping.

A Case of Pernicious Anæmia.—Dr. ADAMI read the history of the case, as follows:—It is far from my intention to-night to detail fully the various points of interest in connection with the case of pernicious anæmia that I bring before you now; but it is necessary that I should recount the broad outlines of the history of the disease in the patient and of the conditions found at the autopsy.

The patient, A. H. C., aged 52, was admitted into the General Hospital upon February 8th, 1893, under Dr. Stewart. In March, 1892 the patient noticed his increasing weakness. This was accompanied by numbness and tingling of the feet and slight swelling of the lower extremities. With this there was increasing pallor, and he entered the Montreal General Hospital in August of last year, the diagnosis then given being pernicious anæmia. However, during the five weeks of his stay the patient improved in health to such an extent that some doubt was felt as to the correctness of the diagnosis; but even upon leaving the Hospital, in September, the number of red corpuscles per cubic millimeter was only 2,365,000. The patient neglected treatment after his departure, and after a few weeks fell back again in health.

On re-admission, in February, the number of the red corpuscles had sunk to 700,000; the percentage of hæmoglobin had fallen to nothing like the same extent, there being an actual increase of 23 per cent. per corpuscle. The patient now was very prostrate, and the progressive asthenia ended in death upon Feb. 21st. There had never been any hæmorrhage or diarrhoea, and vomiting only occurred twice, and on both occasions after taking arsenic. There was a soft blowing systolic apex murmur; the heart sounds, however, were strong.

At the autopsy, which was performed a very few hours after death, the cardinal appearances of pernicious anæmia were made out. There was the typical canary color of the skin, and the persistence of subcutaneous fat in fair quantity, despite the extreme anæmia. The liver was rather enlarged, and of a more reddish or orange tinge than usual. The kidneys enlarged, pale and friable. The walls of the stomach were somewhat thinned and pale, while the bladder was distended, containing considerably over 500 cc. of dark, amber-colored urine. The pancreas was firm and normal. The stomach was free from any ulceration or malignant growth, and the only noticeable point with regard to the alimentary canal in general was its anæmic condition and the thinness of its walls, but the thinness was not extreme. The lungs were anæmic, but otherwise normal. There was an increase in reddish-purple bone marrow in the sternum and lower vertebræ. The condition of the heart was worthy of note. All the cavities were in a state of extreme dilatation. The right auricle was filled partly with a thin fluid blood and partly with a soft clot. From this cavity more than 300 cc. of the fluid blood was removed for future examination. The aortic and pulmonary valves were competent; the tricuspid and the mitral somewhat thickened at the edges, the latter the more so.

Portions of the spinal cord were removed, but are not as yet sufficiently hardened to be examined microscopically. This was done in view

of the recent observations that have been made regarding certain changes in the cord in connection with pernicious anæmia. Some blood taken from the heart was submitted to Dr. Ruttan for chemical analysis. In this case an analysis of the serum has been made for the first time in pernicious anæmia, and it is interesting to note that the proteids of the plasma have been altered in their relative proportions.

Chemical Analysis of the Blood Serum, by Dr. Ruttan.—The clear almost colorless serum from this case of pernicious anæmia had a specific gravity of 1026.1, and carried only 5.2 per cent. of proteids by weight. These proteids consisted of 2.3 per cent. of globulins, precipitated by saturating with magnesium sulphate, and 2.9 per cent. of serum albumen proper. There was 0.875 per cent. of ash. It will thus be seen that not only are the total proteids reduced about 40 per cent. below the average normal quantity, but the normal ratio of the globulin to serum albumen is considerably altered. The ash is also about 20 per cent. above normal.

Determination of the Iron contained in the Liver Tissue.—The total quantity of iron found in the liver was 0.2423 per cent. by weight, calculated to the fresh undried tissue. This was found to be equivalent to about 0.72 per cent. to the dried tissue.

In connection with these analyses, I would point out the fact that we have here very evidently a considerable change in the blood serum going hand in hand with the change in the red corpuscles. If this case can be taken as typical (which certainly it was in its progress, although the distended condition of the heart at the autopsy was unusual), then we learn that in this disease the serum becomes much thinner, containing more than one-third less proteids, and that in this diminution of the proteid constituents the serum albumen sinks rather more than does the globulin, for in 100 parts of normal blood there are 8 or 9 parts of proteid, and of these 3 to 4 consist of globulins, the rest being serum albumen. With reference to the iron in the liver, I may say that normal dried liver tissue, freed from blood, contains about 0.1 per cent. of iron. Here we have seven times that amount. This is in keeping with the results of Quincke and others, who in advanced cases of this disease found 0.6 to 1.0 per cent. present.

Dr. BLACKADER wished to know if there is any record of the results of the microscopical examination of the blood during the patient's stay in the Hospital.

The PRESIDENT, in answer to Dr. Blackader, said that the usual changes had been present and observed. Arsenic had at first a marked beneficial effect. When admitted in August, a diagnosis of pernicious anæmia had been made from the man's appearance, examination

of blood, etc. He was put on arsenic, and in a few weeks his condition had so far improved that the diagnosis was doubted. He (Dr. Stewart) thought the man was well, and as such had him discharged from the Hospital. A few weeks afterwards he returned with undoubted symptoms of the disease again manifesting themselves, and there was little or no improvement following treatment on this second occasion. Still, the clinical symptoms on the first admission were quite as characteristic of pernicious anæmia as on the second. This shows that clinically there are no characteristic symptoms of the disease. The usual changes in the blood corpuscles which are described are not really characteristic, as they can be found in other conditions. In fact, it is doubtful whether there is any definite change in the blood which can be considered diagnostic of disease.

Dr. MILLS considered it fortunate that this case has been reported on chemically. From regarding, as we once did, the blood as the source of all evil, we have gone to the opposite extreme of attributing too little power to it as being the seat of disease. The plasma itself has been too long left out of account as a factor in the pathology of the blood, and yet it is very questionable if there is ever any very great modification of the cells without a corresponding modification in the plasma. The attention of clinicians is so drawn to the corpuscles that this part is neglected. He asked if there had been any microscopic examination made of the cells and tubules of the stomach, for in a discussion reported some time ago from Philadelphia, in regard to pernicious anæmia, some cases were cited in which the glandular portions of the stomach had actually atrophied, so that gastric digestion was necessarily very much interfered with.

Dr. SMITH wished to know if in this case there was very much enlargement of the spleen.

Dr. ELDER asked if evidence of malignant disease of the intestines had been present, would the case still be called one of pernicious anæmia? He further wished an explanation as to the quantity of blood found in the heart. Usually there is very little blood found in the heart after death from this disease, but in this case there seems to have been a good deal.

Dr. F. W. CAMPBELL asked what was the general condition of the arterial system, for narrowing is supposed to be one of the causes of this disease. Dr. GURD inquired if the unusually large amount of iron found in the liver in such cases had been proven to be due to the large destruction of corpuscles, or if it might not be due to the practice of administering iron in anæmia.

Dr. ADAMI, in reply, said that there was a certain amount of atrophy found on examination of the stomach tubes, but the change was a very slight one, nothing like that usually met

with. The spleen is never very much enlarged in pernicious anæmia. There are some cases in which the iron has been found to be increased in the spleen, but there is never that heaping up of it found in the liver.

The question of connection between pernicious anæmia and cancer is often a really difficult one to answer. The greatest authorities include a large number of cases of cancer in pernicious anæmia. Here comes the difficulty, whether we ought to speak of the cancerous cachexia as a pernicious anæmia? In the advanced cases of cancerous anæmia there can be hardly any distinction made between it and pernicious anæmia. Many cases of cancerous anæmia it is impossible to diagnose during life, and it is only in the post-mortem room that they can be recognized as other than the idiopathic pernicious anæmia. Perhaps this difference now found in the blood plasma may yet be of diagnostic importance in this respect.

With regard to the condition of the heart, this certainly is a remarkable case. There seemed to be a large amount of blood in the whole arterial system, not only in the heart, but in the thoracic and abdominal aortas. In fact, one has here the impression that there was present a certain amount of hydræmia. This is a remarkable point not generally observed, but one well worthy of notice. In this case, however, the autopsy was made a short time after death, whereas in other cases where the interval is longer it is conceivable that the heart might contract, and by so doing force the blood into the arterial system.

Lastly, as to the question of the cause of the accumulation of iron in the liver, it is generally accepted that this iron is derived from the breaking down of the blood corpuscles. In a very large number of these cases no iron has been given for months previous to death; no iron was given in this case. Also, it is found in experimental physiology that the administration of drugs which cause a destruction of corpuscles is followed by an increase in the amount of iron in the liver. From these and other similar considerations one is forced to the conclusion that this iron is derived from the breaking down of the red corpuscles.

Specimen of Appendix.—Dr. ADAMI stated that he had examined a section of the tube exhibited by Dr. Smith at the last meeting, and described the appearance of the section, which was seen to be that of appendix rather than ureter. He also cut a section of ureter, and had both present for comparison, when the different characteristics of each might be readily appreciated.

Dr. ENGLAND wished to make a few remarks on this most interesting case. The tube which Dr. Adami has examined and proved to be appendix was certainly a very peculiar appendix. At the time it looked very like the ureter;

it was certainly a long ureter-like looking tube, six or seven inches in length, taking a direction upwards and to the right, apparently going beneath the liver. The other end of this tube disappeared into the mesentery in the midst of a lot of inflammatory tissue in which there were hard nodules. Now, the explanation simply lies in this, the part attached in the inflammatory mass must have been the proximal end of the tube, the distal end being attached in the higher region near the kidney. The tube also was a very small one to be appendix; it certainly was not larger than a goose quill. Then the condition of the woman did not allow of much time for deliberation, there being some doubt as to whether she would leave the table alive. The bladder, however, was filled with water, to see if it appeared in the abdominal wound, which it did not do.

Multilocular Ovarian Cyst.—Dr. LAPHORN SMITH brought before the members a small multilocular cyst, which he had removed from a patient recently. It was sunk right down in the Douglas sac in the middle line, and consequently was excessively painful in coitus, defæcation and locomotion. The case had been under his observation for one month, and in that time the tumor had doubled in size, so probably had it gone on it would have become quite a large tumor in the course of time. There was a large cavity inside which was filled with a very thick glue-like material.

CANADIAN MEDICAL ASSOCIATION.

The twenty-sixth annual meeting of our national association will be held in London on Wednesday and Thursday, 20th and 21st of September. When selecting the place of meeting last year, it was thought well to decide on a Western city, and one also directly on the route to Chicago, so that members could readily attend the meeting when going to or coming from the World's Fair. A large attendance is anticipated, and an excellent programme is promised. The address on Surgery will be delivered by Dr. Hingston, of Montreal, and that on Medicine by Dr. McPhedran, of Toronto. Dr. Sheard, of this city, will fill the President's chair; those who are acquainted with him know that he will preside with dignity and tact.

All members desirous of reading papers or presenting cases are requested to communicate with the secretary, Dr. Birkett, of Montreal—*Dom. Med. Monthly.*

Progress of Medicine.

MEDICAL TREATMENT OF HEMORRHOIDS.

Dr. Frank S. Parsons gives the following directions (*Med. Times and Register*): The medical treatment of hemorrhoids consists of palliative and curative measures. For it is possible to cure piles without the aid of surgical means. The palliative measures are directed to the relief of pain and controlling of hemorrhage, if any of importance occur.

External piles may be ameliorated by the use of topical applications of ice, opium, cocaine and other useful adjuvants calculated to reduce the cellular congestions and relieve the pain, and reduce the size of the tumor. Internal piles may be treated in a similar manner by suppositories and injections in which various drugs are employed.

A mixture of tannin and opium often controls the hemorrhage of internal piles and relieves tenesmus.

Curative medication should begin by ascertaining the cause of the varicose condition of the hemorrhoidal veins, and its removal, if possible.

This involves treatment of co-existing diseases which may be inclined to produce or aggravate the status of portal circulation.

Attention to the diet and regulation of the bowels is of prime importance.

The object of this paper is to call attention to the treatment and cure of piles by absolute rest in bed, with the hips elevated.

This method is so simple, easy of performance, and effective, that the results are often astonishing.

Naturally, most patients object to it, for the time required for the cure of that affection is often wearisome, and unless it is absolutely followed out, the patient is not fully relieved.

The patient should be placed in bed with a pillow under the hips, or the foot of the bed raised so that all downward pressure is taken from the pelvis. It is necessary to keep the patient two or more weeks in bed for effective cure. The diet should be semi-fluid and of easily digested substances.

The after-treatment should consist of such tonics as will favorably act on the muscular coats of the vessels.—*Med. Brief.*

Progress of Surgery.

TREATMENT OF LOSS OF SEXUAL POWER BY LIGATION OF VEINS.

The loss of sexual powers, says Dr. Alfred King (*Boston Medical and Surgical Journal*),

or rather deficient erections of the penis, render so many men miserable mentally and physically, that any new method of treatment, promising a radical cure, merits investigation and trial.

Three immediate causes of deficient erections may be specified: destruction of the erector muscles, loss of nerve power, and a change in the circulation. The first of these is so rare and so easily determined that it needs only a passing notice. The second cause, loss of nerve power, seems to me to have received more prominence than it deserves, as it is the basis on which almost all treatment is founded. While its force in many cases is undisputed, yet the frequent failure of treatment based upon it leads me to direct attention to the importance of the third cause, that is, a change in the circulation. This change takes place in the veins, especially those which do not pass beneath the pubic arch, or are not acted upon by the erector muscles. Repeated engorgement of the penis renders their caliber larger, and, consequently, there is a more rapid escape of blood through them. When, therefore, an erection takes place, it cannot be maintained, on account of the escape of blood through these channels. Thus we have the history of gradual shortening of the duration of erections, and, finally, scarcely none, if any, as these veins grow larger.

The remedy for such a condition, especially when far advanced, is not in the use of drugs, but may be brought about speedily and safely by the ligation of some of the larger of these veins.

The following case is given to illustrate this cause and its successful treatment:

Mr. M., aged thirty-five, a laborer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection; during the past year its duration had been so short that sexual intercourse had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, did everything which offered any hope of success, but all to no effect so far as reducing any stronger erections was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I, therefore, determined to ligate a couple of the larger subcutaneous veins at the base of the penis, and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied, and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection, which made the bandage so painfully tight that he was obliged to jump out of bed on to the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain.

Two months later he reported himself well, mentally and physically, his sexual appetite had returned, and since the operation his power of maintaining erections had been as good as ever.—*Med. and Surg. Reporter.*

SALOL IN CYSTITIS.

Arnold (*Therap. Monatsch.*, May, 1892) relates cases of acute and chronic catarrh of the bladder which have been much benefited by the use of salol in gramme doses in addition to the local treatment. Even tuberculous cystitis has been relieved by it. Arnold observes that salol makes the urine acid, and renders it ultimately almost clear and free from smell; that the drug is well borne, even when administered for some length of time, and that it is a useful adjunct to the treatment, especially when only weak antiseptic solutions can be tolerated by the bladder.—*Brit. Med. Jour.*

Inoculation against Asiatic cholera by Haffkine's method is now in use in the pathological laboratory of Cambridge University. The method gives effective protection in the case of such animals as guinea pigs and rabbits, and it is supposed that it has a similar effect on man. The inoculation causes very little inconvenience when applied to the human being, and appears to be without danger. It has been thought right to give to such as desire it, before going to the East or travelling on the Continent, the opportunity of availing themselves of this mode of protection without the necessity of proceeding to the "Institut Pasteur" in Paris for the purpose. Indeed, M. Pasteur has expressed his desire to inform English applicants, who now go to Paris to be inoculated by this method, that the protection can be equally well carried out in England as soon as arrangements have been made with this object. Two inoculations are required at an interval of five or six days.

A DANGER TO SURGEONS.—An interesting observation made by Prof. Albert on himself emphasizes the importance of caution on the surgeon's part in the use of poisonous antiseptics, especially corrosive sublimate solutions. At a

cent meeting of the Vienna Medical Society, a professor stated that for some time he had suffered from dyspepsia, for which no cause could be assigned by the physicians he had consulted. Lately the condition had become very troublesome, and the thought had occurred to him that the free and constant use of corrosive sublimate in his operations might have some share in the causation of the dyspepsia by reason of the absorption of small amounts of this drug. Accordingly he had his urine examined by Prof. Ludwig, the entire quantity passed during twenty-four hours being tested. The examination revealed the presence of iodide of mercury in quantities comparatively large, if the manner of absorption of the substance be considered. While Prof. Albert is not positive that his dyspepsia is due to chronic mercurial poisoning, he thinks the fact that his finger nails have lately become softer, and that he has lost three healthy teeth, seem to point in that direction.

It requires an ideal woman to make a good nurse. She must be intelligent and refined. She must have a strong will in order to control her refractory patients without friction. She must be able to hide any feeling of disgust with the most disagreeable case of illness. She must invariably be cheerful. She must command the respect of her patients and at the same time be sympathetic, and in addition to all this she must have a practical knowledge of cooking, of arranging a bed, of removing a patient's bandages, of the properties of medicine, their effect, and a thousand and one things that are only thought of as they come up in the practical work of a hospital ward. In addition to all this there is a theoretical training to be gone through.

JOHNS HOPKINS SCHOOL OF MEDICINE.—Members of the Faculty Announced from Baltimore—One goes from Chicago.—The trustees of the Johns Hopkins University have completed all arrangements for the establishment of the medical school next fall. The following appointments to the Faculty are announced: Dr. John J. Abel, of the University of Michigan, professor of Pharmacology; Dr. Franklin P. Mall, of the University of Chicago, professor of Anatomy; Dr. William H. Howell, of the Harvard Medical School, professor of Physiology; Dr. J. Whitridge Williams, of Baltimore, associate professor of Gynecology; Dr. J. M. T. Finney of the Johns Hopkins Hospital, associate professor of Surgery. Four of the professors are graduates of the Hopkins. Already applications for admission to the new department are being received from young men and women in all parts of the country. A feature of the Hopkins Medical School will be the practical work afforded the students in the great hospital connected with it.

Progress of Gynaecology.

GONORRHOEA IN WOMEN.

Dr. Fred. Byron Robinson, in the *Medical Age*, sums up the treatment of this disease as follows:

1. Gonorrhoea may be cured if it be taken early enough so that the germs are not beyond the control of local application.

2. The microbes must be eradicated by germicides applied directly to the habitat of the gonococcus.

3. When gonorrhoea gets into the Fallopian tubes, it is an incurable disease except by extirpation of the appendages.

4. Probably the best internal remedy in gonorrhoea is the balsam of copaiba. The urine secreted while taking copaiba seems to act on the gonococcus and cripple its multiplication.

For a local remedy, Ag. No. 3 solution of 10 per cent. is probably one of the most effective, while at the same time it is not destructive to surrounding tissue.

Progress of Obstetrics.

PUERPERAL SEPSIS.

In an article on this subject, *Buffalo Medical and Surgical Reporter*, Dr. William Warren Potter offers the following conclusions:

1. Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to rich and poor alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slipshod, half-hearted, or indifferent service.

2. The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber.

3. The delivery room, whether in hovel or palace, court, alley or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water, and whitewash (if possible to use the latter) immediately before occupancy by the puerpera.

4. The delivery bed should consist of a new tick filled with sweet and clean straw, covered with a blanket, impervious dressing and a folded sheet, with other clean covering to be allowed, according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection.

5. The patient should be specially prepared for delivery by baths and enemata, vaginal

douches, and clean clothing; and labor should be conducted on the lines of absolut cleanliness, with a few digital examinations and a complete delivery of the secondaries.

6. Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances should tears of the cervix.

7. Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intra-uterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental.

8. Finally, if sepsis proceed to suppuration and abscess, the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected, they should be extirpated.

THE USE OF CHLOROFORM IN MIDWIFERY.

It would be interesting to learn what proportion of normal labor cases in this country are facilitated, and the pangs of the acme of the second stage mitigated, by the use of a small quantity of chloroform. It is safe to say that whether the practitioner has been taught in his student days to use it, or has been instructed on that other line, which has fully developed in it all the merits and demerits of conservatism, that Nature is the best midwife, and should be left to take her course, he will not use it more than once or twice in practice without being converted to its use in every case, normal or other, in which it is not specially contra-indicated. The safety of the procedure depends, as is now well known upon two points: first, that the pain at the end of the second stage is sufficiently controlled by far less anaesthesia than would be necessary for surgical purposes, less, too, than would be needed to stop either uterine contractions or even the contractions of the abdominal muscles. The second is that the intra-abdominal pressure, before evacuation of the uterus has occurred, is too great to make it possible for the patient to inhale too much.

As to the *modus operandi*, an assistant, other than the nurse, is not needed, as the accoucheur can superintend the first inhalation, and then let the nurse give, under his direction, after, whiffs if necessary, while he is engaged at the delivery of the head. Vomiting is not apt to follow the use of the small quantity needed. If the accoucheur choose, he may give the woman a cup or tumbler, with some absorbent cotton in it, upon which he has poured a little chloroform or A. C. E. mixture, and she can use it as each pain comes on, unconsciousness causing the falling away of the cup when enough has been inhaled. The main objection

to its use has been the fear of increasing the liability to *post partum* hemorrhage. If used for any purpose after evacuation of the uterus, that fear is well founded, from the risk incurred of uterine relaxation. But that need not be feared if the chloroform is used only during the second stage.

A paper read this year by Byers, of Belfast, before the Section of Obstetrics, at the sixteenth annual meeting of the British Medical Association, favors the much more frequent use of chloroform in normal labor. The author of the paper points out the fallacy, in arguing that because chloroform is given and hemorrhage follows, the one is the cause and the other the effect; the old *post hoc, ergo propter hoc*. "Dr. Byers argued that the great majority of cases of alleged flooding after delivery, occurring when the anæsthetic was used, can be explained as being due, *not* to the chloroform, but either to rapid delivery or to a want of proper management of the third stage of labor, or to a combination of both these causes." The paper ended with the positive statement, as the result of a large experience, that "if proper care be used, *post partum* hemorrhage will not occur more frequently when chloroform is used than when the anæsthetic is not given."—*Editor Canad. Lancet*.

Progress of Therapeutics.

QUININE TOPICALLY.

Dr. Alföldi (*Közegészegügyi-Kalauz*) reports the following cases in which quinine was applied directly to wounds:

1. A severe contusion of the foot rendered amputation of the leg necessary. Several days after the operation, despite the most strict antiseptics, the lips of the wound and their surrounding tissues took on a blue discoloration, showed no tendency to healing, and the flaps grew cold. This condition grew more intense, and gangrene threatened.

Under the application of pledgets of cotton soaked in a one per cent. solution of sulphate of quinine, the gangrenous tendency disappeared, the wound assumed a normal appearance and healed promptly.

2. A child aged 6 had, what the author calls, an "apple-sized" cavernous neoplasm on the right arm, which he destroyed with Vienna caustic. A week later the wound was gangrenous and the arm affected with extensive erysipelas. He washed the region with a one per cent. solution of quinine sulph., and dressed it with cotton and a gauze bandage soaked in the same solution. Under this treatment the wound became clean, showed red granulations,

erysipelas disappeared and rapid healing supervened.

3. A row of soft chancres around the glans was dusted with powdered sulphate of quinine every second day. After renewing the dressing four times, the ulcers were found healed.

The author's experience causes him to believe that sluggish infected wounds become clean, and heal under quinine locally more rapidly than in consequence of the application of corrosive sublimate or iodoform, and that clean wounds heal with surprising rapidity under quinine.

MEAT-EATING AND BAD TEMPER.

Mrs. Ernest Hart, who accompanied her husband in his recent trip around the world, appears to come to the conclusion that meat-eating is bad for the temper. In *the hospital* she says that in no country is home rendered so unhappy and life made so miserable by the ill-temper of those who are obliged to live together as in England. If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked. In less meat-eating France, urbanity is the rule of the home; in fish and rice-eating Japan, harsh words are unknown, and an exquisite politeness to one another prevails even among the children who play together in the streets. In Japan I never heard rude, angry words spoken by any but Englishmen. I am strongly of opinion that the ill-temper of English is caused in a great measure by a too abundant meat dietary combined with a sedentary life. The half-oxygenized products of albumen circulating in the blood produce both mental and moral disturbances. The healthful thing to do is to lead an active and unselfish life, on a moderate diet, sufficient to maintain strength and not increase weight.—*Boston Medical and Surgical Journal*.

MUSIC AS AN AID TO MEDICINE.

Music (*Lancet*), which has of late been sending forth new trial-shoots in the field of therapeutics, was again brought under the notice of the profession in this connection by Dr. J. G. Blackman in the January number of the *Medical Magazine*. Defined by this author as the language of sounds, its effects are briefly stated to consist in the production of motion, with liberation of nerve force and a general pleasant result. The observations of Dogiel are again quoted as proving its regulating effect upon the circulatory system and its consequent close relation to tissue nutrition. It is doubtless in this way that its exhilarating or calmative influence in conditions of mental disease may

best be explained. The article above mentioned is interesting to us as conveying the first definite statistical evidence we have met with respecting the employment of music in clinical medicine. The observations of Dr. J. Ewing Hunter at the Helensburgh Hospital go to show that, amongst the obvious effects of its use, relief of pain has in many cases been most marked, and we are also informed that rapid reduction of temperature in a case of peritonitis appeared to have similar origin. Of course we must in all such cases make due allowance for the possibility of a *post* and *propter hoc* fallacy, and we should certainly exceed every known sanction of science if we were to claim for music a distinctly curative influence in organic lesions. Nevertheless, the fact remains that healthy nerve-tone has much to do with tissue nutrition, and that music as a recognized agent in its production has thus far a place—albeit a subordinate one—amongst the extra-pharmacopoeial remedies available for the purposes of the physician.—*Med. Age*.

BREATHING EXERCISES.

Breathing exercises are of great value, most easily practised, and give excellent results. It is not necessary to have an elaborate system. The nostrils are the proper organs of breathing. Man, unlike some other animals, is capable of breathing through the mouth if the nostrils are obstructed, and many from habit or debility continually do so—a practice, whether by day or night, attended with many evils; whereas every breath of pure air a man inhales through his nostrils is a breath of life.

One exercise, repeated fifty or a hundred times a day, requiring no more than ten minutes altogether, is of the greatest advantage, and can be done out of doors as well as in, at almost every season of the year. It consists in inhaling through the nostrils a deep breath, retaining it a few seconds, and then, with the lips adjusted as if one intended to whistle, expelling it slowly through the contracted orifice. There is no physiological objection to exhaling through the mouth; there are no muscles whereby the course of the breath can be restrained through the nostrils; but the lips contain sufficient muscular strength for this purpose. If students would rise from their studies, bookkeepers from their desks, women from their sewing or reading, two or three times a day, and take from fifteen to thirty such breaths, the results would surprise them.—*The Chautauquan*.

PRESCRIPTION WRITING is an art and few seem to be able to appreciate this. Medicines should be mixed with a large proportion of brains, but they too often lack this essential ingredient. As the Gross Medical College *Bulletin* says: A

famous physician once made the remark that he would rather prescribe a mixture that acted well than one that looked and tasted good. This sentiment has been approved by many doctors, and yet it seems to us to be weak and misleading. It is as important, if not more so, in the majority of cases, that the patient should be cured of his malady pleasantly as well as safely and quickly. When we think of the nauseous compounds which delicate women and children have been compelled to swallow, it is no wonder that they, especially, are sometimes drawn toward the fantasies of Homoeopathy. With the whole range of materia medica before him it is a disgrace for a medical practitioner not to be able to write a prescription for a solution which both looks and acts well. The fault has been in the comparatively little attention devoted by students to chemistry and pharmacy, than which few other branches of medical science are of more importance to the practical and successful physician.—*Medical Review*.

THE OLDEST PRESCRIPTION IN THE WORLD.—In the course of a deeply interesting lecture, delivered by Professor A. Macalischer, M.A., M.D., F.R.S. (Professor of Anatomy, Cambridge), at Firth College, Sheffield, on "Studies in Ancient Egyptian Literature," some of the earliest medical writings were referred to and explained and translated by the Professor (*National Druggist*). Photographs of soiled and seared papyri, together with the photographs of the mummified monarchs and magicians who wrote them, were depicted on the screen. Among the earliest prescriptions shown by the Professor was one for a "hair wash" for "promoting the growth of the hair," for the mother of King Chata, second king of the first Dynasty, who reigned about 4,000 B. C. It is as follows:

Pad of a dog's foot, . . .	1 part.
Fruit of date palm, . . .	1 part.
Ass's hoof,	1 part.

Boil together in oil in saucepan.

Directions for use: Rub thoroughly in.—*Medical Review*.

NEWS ITEMS.

DR. PLAYTER SUSTAINED

By the Medical Association of the Rideau and Bathurst Division.

At the annual meeting on Wednesday at Carleton Place of the Rideau and Bathurst Medical Association, at which there was a large attendance of physicians from the various towns between Ottawa and Pembroke, the subject of our quarantines was discussed. Many of the members expressed their disapproval in very strong terms of the manner in which Dr.

Montizambert had recently written of Dr. Playter, and the following resolution was passed unanimously :

Resolved, that this Association desires to state that we have every confidence in our confrère Dr. Edward Playter of Ottawa, respecting his opinion on all sanitary matters.

NEW METHOD OF TAKING EXPERT TESTIMONY.

We take extracts from an interesting and useful paper read before the New York Society of Medical Jurisprudence on a "New Method of taking Expert Testimony," by Dr. Landon Carter Gray. Dr. Gray said: "No one will venture to deny that the present method of taking the testimony of medical experts is unsatisfactory, for judges, lawyers and jurymen regard these gentlemen with distrust, and medical men as a rule are very reluctant to go on the witness stand: To us physicians, the reasons for all this are perfectly obvious. The machinery of the law is not adequate for the purpose of obtaining for judges and juries the opinion of competent medical men, one of the latter, for example, who is to give his opinion to a jury upon a great question of medical science goes upon the witness stand in a radical false position at the very start, since he is regarded by everybody as a partisan, this opinion often being held most strenuously by the lawyers who have retained him. Then comes the expert on the other side to contradict him, for he must contradict him or he will be regarded as disloyal to those who are to pay him his fee. I have been myself present at many trials in which some acknowledged master of the art and science of medicine has been counterbalanced in the minds of the jury by some medical man who would not have been fit to act as his third or fourth assistant. Then, too, the reporters in the court room, on the alert for what is piquant and sensational, blazon forth to the public garbled reports of what the competent man has said, which are in no wise offset by equally faulty sketches of what the incompetent man has said, inasmuch as the latter has no particular reputation to lose, and is therefore not vulnerable in this regard. The result of this system of obtaining medical testimony is that the competent physician goes home feeling that he has not been properly protected or reported, so that he shuns the next trial, and comes to believe that such levelling processes are too dangerous to his reputation to be often repeated." We wish space would permit a full report of this very valuable and interesting paper by Dr. Gray. It is full of suggestions upon the very important question of expert testimony and its influences in criminal trials. This fact has been prominently brought before the public mind, espe-

cially in the two recent trials of Carlyle Harris and Dr. Buchanan. Dr. Gray concludes his paper with these words of suggestion: "First, the selection of medical men by the presiding judge to sit on the bench with him in an advisory capacity in trials which do not need juries. Second, a conference of all the medical men in cases tried by a jury."

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

N.E. Corner Thirteenth and Locust Streets. The William F. Jenks Memorial Prize. The Third Triennial Prize of Five Hundred Dollars, under the Deed of Trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Infant Mortality during Labor, and its Prevention."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U.S.A., before January 1, 1895, addressed to Horace Y. Evans, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,

Secretary of the Trustees.

AUGUST 1, 1893.

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

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London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London****ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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MONTREAL, SEPTEMBER, 1893.

**PRESIDENT PEPPER'S ADDRESS AT
THE PAN-AMERICAN CONGRESS.**

The address of Dr. William Pepper, of Philadelphia, delivered before the Pan-American Medical Congress, of which distinguished body he has the honor of being the presiding officer, was in all respects a masterly effort, worthy of the occasion which called it forth, worthy of the great cause which the occasion typifies, and worthy of the eminent and eloquent speaker.

President Pepper not only stands at the head of his profession, and is recognized as one of the highest medical authorities living, but is a citizen of such thoroughly American sentiments and of such broad and patriotic views concerning the advancement of the science to which he has devoted his life, that the whole continent is proud to call him peculiarly its own.

A large portion of his address was devoted to the growth and progress of medical science from an early period, and especially to the history of its development in the new world during the past 400 years. It was a retrospective view of wonderful research, and richly instructive alike to scientist and layman, exhibiting with striking impressiveness the gradual processes of evolution by which the profession, from crude and speculative beginnings, has gained its present high standard of excellence, each new discovery adding to its stature, and the ever-increasing intelligence of the people re-enforcing

and necessitating the expansion of its usefulness.

In the course of his address President Pepper called particular attention to the subject of hygiene and State preventive medicine, and to the impetus which of late years has been given it by sanitary investigation; by a better knowledge of hygienic conditions and needs; by the organized co-operation of municipal authorities in behalf of the public health. In Dr. Pepper's carefully formed judgment, it is scarcely an exaggeration to say that our progress in preventive medicine in the past twenty years has been greater than in the preceding twenty centuries; while the action of the Government of the United States, in extending its cordial invitation to her neighbors South and North to attend the present Congress—a formal recognition of the importance of the questions to be discussed never before accorded on this continent—he looks upon as destined to exert a telling influence for the future upon the general adoption of proper sanitary legislation throughout the hemisphere.

Already, says President Pepper, are "our great commercial communities reposing in confidence upon the sanitary measures adopted, in accordance with medical advice, for the restriction of two dreaded pestilences,—cholera and yellow fever." Herein of itself is shown in the most forcible manner the need and value of the international sanitary agreement which the Congress now in session may do much to promote.

But to accomplish the full work required, there must be thorough organization and hearty co-operation on the part of all the countries interested, and to still further aid in so great and beneficent a cause, Dr. Pepper is firmly of the belief that every government should have a department of public health.

Here, then, he said by way of peroration to an address that was able, earnest and scholarly, as well as plain and practical from beginning to end—"Is the last and greatest service to be rendered to science and to the Nation by our congress. Our combined influence will be irresistible when used in advocacy of higher education; in carrying out large plans for the scientific study of our national life as affected by social and climatic influences; in the adoption of remedies and remedial measures of demon-

strated merit, and in the insistence upon a fuller recognition of the lofty function of preventive medicine. 'Salus Sanitasque Reipublicæ, suprema lex.' Let us acquire here a closer touch with each other, a deeper faith in our profession and its noble destiny, and a stronger determination to labor in brotherly co-operation for the loftiest ideals of service to science and the race."

ANIMAL EXTRACTS.

We were rather amused on picking up an exchange to see an advertisement of animal extracts for sale at two dollars a bottle. The following is the list:

Cerebrine from the brain, for disease of the brain;

Medulline from the spinal cord, for disease of the cord;

Cardine from the heart, for disease of the heart;

Testine from the testes, for disease of the testes;

Ovarine from the ovaries, for disease of the ovaries;

Musculine from the muscles, for disease of the muscles.

We learn from the same advertisement that others are in process of preparation, and, when ready, the fact will be duly announced to the profession.

These active principles have been lately advocated with great vigor by one of the most brilliant of the regular schools in the United States, who has, no doubt, in common with others, had many a laugh at the absurd principle of the homœopaths *similia similibus*; but surely this outrivals them. The use of cerebrine for those who are weak in the head reminds us of the reply given to a young man who asked a great physician whether he should eat fish so as to improve his brain by means of the phosphorus which this article of diet contains. "Yes," he said, "you had better eat fish; but you would have to eat a whale in order to improve *your* brain." With the exception of ovarine and medulline, which are rarely found on a bill of fare, the other articles enter largely into our daily diet. Why pay two dollars for a bottle of juice from sheep's heart, when for five or ten cents a dainty dish can be prepared from the heart itself? Why buy cere-

brine, when calves' head and brain sauce is so much more palatable to ingest? While for weakness of the muscles there is no masculine to equal the good roast beef of Old England. The whole idea of these animal extracts seems to be so absurd that we can hardly believe that anyone would seriously recommend them. Still, the fact that they are extensively manufactured and advertised shows that there must be some demand for them. But we think that the practitioner who depends on such remedies for the diseases mentioned would soon, and very justly, prescribe himself out of practice.

ARE SILK AND SILK WORM GUT LIGATURES EVER ABSORBED?

A good deal of misapprehension seems to exist on this question, the opinion being quite generally entertained that the substances being of an animal nature, they are absorbed as catgut is. That this is quite a mistake is proved by the fact that silk and silk worm gut ligatures have been found intact after a burial of several years in the tissues. The mistake has led to serious inconvenience, as when silk worm gut has been left in the cervix uteri or perineum for several years under the idea that it would be absorbed. In the *N. Y. Medical Record* of Aug. 5, Dr. H. Speier of Duluth, Minn., writes: "On July 22, 1890, I performed an operation for lacerated cervix, using silk worm gut for sutures. On June 22, 1893, I removed one of the sutures, which had been overlooked and left for two years and eleven months. It gave no discomfort until quite recently, when the woman felt a sharp pricking produced by the ends which were cut off quite close to the knot. The specimen removed is firm and hard, and differs in nowise from a fresh specimen." In all cases where it is desirable to leave in the ligature indefinitely, there is only one material that fills all the requirements, and that is carefully prepared catgut.

POSTPONEMENT OF THE INTERNATIONAL CONGRESS AT ROME.

Owing to the prevalence of cholera in Italy, and especially at Naples and Rome, the International Congress, which was to have been held in September of this year, has been postponed until next spring. Those of our re

who intended to be present can with great advantage attend the Pan-American Congress at Washington, on the 4th to the 8th of September.

THE ROYAL VICTORIA HOSPITAL.

This magnificent building is now completed, and arrangements are being made for the early opening. Canada will then possess an institution which will be second to none in the world. Dr. Roddick, accompanied by Mr. Chapman, the popular instrument dealer of McGill College Avenue, Montreal, have returned from a trip to Europe, for the purpose of purchasing instruments and surgical appliances, which they were instructed to purchase practically, regardless of cost.

THE NEXT PAN AMERICAN CONGRESS.

An invitation having been tendered by the government of Mexico to hold the next Pan-American Congress at the city of Mexico, this was accepted, and the Congress will meet there in 1896. It is to be hoped that some arrangements may be made on that occasion for a special train from Montreal to Mexico at such a rate as to put it within the reach of many Canadian doctors to visit this beautiful country, and also contribute their share in welding the medical profession on the American Continent into one great and powerful weapon for the world's good.

THE BULLETIN'S SPECIAL.*

THE WORLD'S FAIR MEDICAL HEADQUARTERS.

To still further add in every possible way to the comfort, convenience, economy and pleasure of visiting doctors, we have decided to have our headquarters in the Masonic Temple. This building is the most central, best advertised and most extensively known building in Chicago, and the *Bulletin* concluded to go there so that you would not require to burden your mind with any special street and number. Just say "Masonic Temple," and there you are. It is also the most central point in Chicago to radiate from. All street car lines pass the door.

WHAT WE PROPOSE TO DO.

In the first place, we wish to impress upon you that *no charge* of any character will be made or remuneration expected. This point we are particularly anxious to have you remember.

The *Bulletin*, during the Fair, will contain a full and complete list of all physicians arriving in the city from day to day, together with the city from whence they came, their address in Chicago, and the expected duration of their visit. In this way one can easily communicate with friends, and as every local doctor and druggist in Chicago will receive a copy of the *Bulletin*, a large number of visitors will receive hospitality and attention from those who might not otherwise know of their presence in the city. Rooms are set aside for the following purposes: A writing-room, with all stationery, will be furnished, where doctors can attend to their correspondence, meet their friends, etc. We will have a regular post office department, so that instructions may be left to have all mail sent in our care before leaving home, and the same with telegrams and packages of any description. Clerks will be in attendance, so there will be no delay in getting such items when called for, or instructions may be left to have them forwarded to hotels or boarding houses, thus avoiding mistakes or delays. A full list of hotels, boarding houses and apartments will be kept and rooms secured. Parcels and packages may be left and checked; messenger, cab, express and telegraph services have been arranged for on the premises, and we can, therefore, assure you of only paying regular rates. Tickets for all places of amusement will be kept on hand. We have arranged for a large number of desirable and first-class rooms, so that we will be in a position also to obtain these for members of the profession at a reasonable rate to them, so that no opportunity of charging extortionate rates will be afforded anyone against those who will avail themselves of what we have to offer.

Cards of admission to the different colleges, hospitals and public medical institutions of the city have been arranged for, and will be issued to any physician who wishes to visit these places. Through the courtesy of our bank, drafts, etc., will be cashed, and deposits can be made of money in the same manner and with the same facility which would be afforded a regular patron of the bank.

Solely for your convenience and to facilitate us in the work of taking care of large numbers arriving daily and coming to our headquarters, we earnestly request you to register with us now. This is particularly necessary if you desire us to have apartments for you *without* fail, and the best we can get you for the money. Giving this matter our attention *now*, and even securing rooms thus far in advance, we can assure you of good quarters and that the price charged will be *approximately* the same as similar accommodations are charged for *now* or at *any* time when there is no World's Fair in Chicago. To facilitate this work, we have completed plans for a Registration Bureau, as follows:

*We regret that by an oversight the following interesting information has been delayed in appearing.

1. Send in your name, address, city and State.
2. Somewhere about the time you expect to visit Chicago.
3. Whether you will be accompanied by other members of your family ; if so, how many.
4. Expected duration of your visit.
5. How many rooms you will want.

Upon receiving this communication it will be filed and given a number. A card numbered to correspond will be returned to you, which you will retain as your voucher.

Immediately on arriving in the city you will *come direct* to our offices in the Masonic Temple, and the registration clerk, on seeing your certificate, will give you all information, address of the rooms secured for you, etc., etc.

We make absolutely *no* charge for anything we propose to do.

All communications should be addressed to the Editor, Masonic Temple, Chicago.

PERSONALS.

The following gentlemen were elected to office at the meeting of the Nova Scotia Medical Society:—President, Dr. C. J. Fox, Pubnico, N. S.; 1st Vice-President, Dr. R. A. H. McKeen, Cow Bay, C. B.; 2nd Vice-President, Dr. H. A. March, Bridgewater, N. S.; Secretary-Treasurer, Dr. W. S. Muir, Truro, N. S.

Dr. G. Sterling Ryerson, M.P.P., Surgeon of the Royal Grenadiers, has been appointed by H.R.H. the Prince of Wales, with the sanction of H. M. the Queen, an Honorary Associate of the Order of St. John of Jerusalem. Dr. Ryerson is the first Canadian on the list and is to be congratulated upon this well-earned distinction. Among the prominent men who have been thus honored we notice the names of Baron V. Esmaich, Sir Henry Acland, Sir James Paget and Surgeon Parke (of Stanley fame).

The officers elected for the ensuing year at the meeting of the Maritime Medical Association, held at Charlottetown, P.E.I., July 12th and 13th, were:—Dr. Thomas Walker, St John, President; Dr. Coburn, Fredericton, Vice-President for New Brunswick; Dr. D. A. Campbell, Halifax, Vice-President for Nova Scotia; Dr. F. D. Beer, Charlottetown, Vice-President for P. E. Island; Dr. G. M. Campbell, Halifax, Secretary; Dr. G. E. Dewitt, Wolfville, Treasurer (re-elected); Executive Committee, Drs. Emery, P. R. Inches, Murray, McLaren, Wm. Christie, and Dr. Walker.

BOOK NOTICES.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY. A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been

thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fullness of its definitions, ample explanation being its distinguishing characteristic. In the new edition much encyclopædic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value. A review will appear in an early issue.

BIBLIOTHÈQUE GÉNÉRALE DE MÉDECINE DE LA CATARACTE. Corticale vulgaire, dite cataracte spontanée ou sénile, historique, causes, prophylaxie et traitement médical. Par le Docteur A. Ferret, ancien chirurgien de l'Hôpital de Meaux et de la Clinique Nationale Ophthalmologique des Quinze-Vingts de Paris. Paris: Société d'Éditions Scientifiques, Place de l'École de Médecine, 4 rue Antoine-Dubois. 1893.

Un volume in-8 de 136 pages, prix 5 francs. Envoi franco contre un mandat de 5 francs adressé à M. le Directeur de la Société d'Éditions Scientifiques, 4 rue Antoine-Dubois, Place de l'École de Médecine, à Paris. L'ouvrage débute par un historique de la question de la Cataracte, qui présentera certainement de l'intérêt pour le lecteur, et lui ménage même quelque surprise, ne serait-ce qu'en lui apprenant que l'opération de la cataracte par extraction était connue des médecins de l'Inde d'il y a 3000 ans. Puis, l'auteur entre dans l'exposé des observations qui l'ont conduit à reconnaître que la cataracte corticale commune, dite cataracte spontanée ou sénile, est la conséquence d'une toxémie particulière, qui est, le plus souvent, d'origine alimentaire; et qu'il est facile de prévenir cette maladie et de la guérir, grâce à un ensemble de prescriptions hygiéniques très simples. Si nous ajoutons que la forme de Cataracte dont il s'agit est celle qui est de beaucoup la plus fréquente, puisqu'elle entre dans le chiffre total des cataractes pour une proportion de 60 à 70 par cent, il sera inutile d'insister pour faire ressortir la grande importance pratique de ces observations.

SCIATICA. A record of clinical observations on the causes, nature and treatment of sixty-eight cases. By A. Symons Eccles, M.B. Aberd., Member Royal College Surgeons, England; Fellow Royal Medical and Chirurgical Society of London; Vice-President West London Medico-Chirurgical Society; Member Neurological Society of London, etc. London, MacMillan & Co., and New York, 1893. Price 3s. 6d.

LES KOLAS AFRICAINS. Monographie botanique, chimique, thérapeutique et pharmacologique (Emploi stratégique et alimentaire: commerce). Par le Docteur

Edouard Heckel, Professeur à la Faculté des Sciences et à l'Ecole de Médecine de Marseilles, directeur du Jardin Botanique et de l'Institut Colonial, Membre correspondant de l'Académie de Médecine et du Muséum de Paris, Lauréat de l'Institut (Académie des Sciences). (Avec figures intercalées dans le texte, planches en noir et une chromolithographie.) Paris, Société d'Editions Scientifiques, Place de l'Ecole de Médecine, 4 rue Antoine-Dubois. 1893.

LE BACTERIUM COLI DANS L'INFECTION URINAIRE. Par le Docteur Jules Renault, Ancien Interne des hôpitaux de Paris. Paris: Société d'Editions Scientifiques, Place de l'Ecole de Médecine, 4 rue Antoine-Dubois. 1893.

TRAITÉ CLINIQUE ET THÉRAPEUTIQUE DE LA TUBERCULOSE PULMONAIRE. Par le Docteur Samuel Bernheim. Paris: Société d'Editions Scientifiques, Place de l'Ecole de Médecine, 4 Rue Antoine-Dubois. 1893.

This is a large volume of over 575 pages, and is the most complete and thoroughly up to date treatise on pulmonary tuberculosis that has so far appeared. It begins with a short chapter of 14 pages on the history of the disease, and 60 pages on its causation, in which the author clearly proves what we have so often maintained: that the disease is much more contagious than it is hereditary. Then come 150 pages on the clinical aspect of it, and a short chapter on the experimental inoculation of tuberculosis. Its pathological anatomy occupies fifty pages, and bacteriology fifty more. The chapter on prevention is short, but every word is valuable, for the author shows conclusively that the disease could be stamped out if all children were removed from tubercular contagion and if tubercular patients were prevented from becoming the foci of spreading the disease. One hundred pages are devoted to treatment, the author stating, among many other opinions, that cod liver oil probably does more harm than good by destroying the appetite; he maintains that just as much benefit may be derived from cream, which has not the disadvantage of being utterly repugnant to the unfortunate patient. To those of our readers who understand French, the book will prove of absorbing interest.

THE ANATOMY AND SURGICAL TREATMENT OF HERNIA. By Henry O. Marcy, A.M., M.D., LL.D., late President of the American Medical Association, etc. Illustrated with Seventy full-page Heliotype and Lithographic reproductions from Cooper, Scarpa, Cloquet, Camper, Darrach, Langenbeck, Cruveilhier, and others of the Old Masters, and Thirty-four Wood-cuts in the Text. Sold only by subscription.

Half Morocco, \$15.00. D. Appleton & Co., publishers, New York.

The author has reviewed, *in extenso*, the normal anatomy of the parts involved in Hernia, and the remote causes which tend to produce it. The pathological changes incident to the more marked condition are clearly defined, and the chapters devoted to the discussion of these subjects are very copiously illustrated. Instrumental supports are carefully discussed, and their better methods of application defined. All the various methods of modern operation are given in detail, and, as far as possible, a compilation of the results obtained under modern antiseptic processes is made. The chapter devoted to the animal suture is worthy of especial consideration, since it clearly details one of the greatest innovations of modern surgery of universal value.

The statistical tables are given with great fairness, and teach the safety of the measure undertaken for the treatment of Hernia. The author's experience covers a period of twenty years, and he gives the results he has obtained in one hundred and twelve cases upon which he has operated.

Since the publication of the great work of Sir Astley Cooper, no author has attempted to present the subject of Hernia to the profession in so royal and complete a manner as has been undertaken in the present instance. This has been made possible solely by reason of the marvelous processes of modern art, to which the full-page reproductions from Cooper, Cloquet, Camper, Darrach, Langenbeck, Cruveilhier and others amply testify.

It is estimated that there are between three and four millions of people in the United States alone suffering from Hernia. Hundreds of thousands of trusses are manufactured annually. Every physician is aware that a hernia is a gradually increasing disability, and is very rarely cured except by operative measures. Serious complications and dangers are ever present to the individual suffering from Hernia, and statistical tables show that the resulting mortality is very large. No other surgical disability is so liable to come under the notice of the physician as Hernia, and the author holds that it is in the highest degree the duty of every practitioner to familiarize himself thoroughly with the subject. The opinion, that professional obligations are discharged when the patient suffering from Hernia is relegated to the instrument-maker, is erroneous. The belief, as taught by authors of the last generation, that operative measures should not be taken except as a last resort, because of the attendant dangers, has been controverted by the achievements of modern surgery, among which none are more noteworthy than the perfected operations for the cure of Hernia.

PAMPHLETS RECEIVED.

CERTAIN FORMS OF SEPTICÆMIA RESULTING FROM ABORTION. By Andrew F. Currier, M.D., of New York.

THE CAUSES AND TREATMENT OF SINUSES RESULTING FROM ABDOMINAL SECTION. By Andrew F. Currier, M.D., of New York.

ENDOMETRITIS—CONSIDERED CLINICALLY. By Charles P. Noble, M.D.

CERTAIN ASPECTS OF GONORRHOEA IN WOMEN. By Charles P. Noble, M.D., Philadelphia, Pa. Reprint from Vol. XVII. Gynæcological Transactions, 1892.

POINTS IN OFFICE PRACTICE IN THE TREATMENT OF THE DISEASES OF WOMEN. By Charles P. Noble, M.D., surgeon-in-charge, Kensington Hospital for women. Reprinted from the Transactions of the Philadelphia County Medical Society, May 11, 1892.

RAPPORT DES OPÉRATIONS DU BUREAU d'HYGIÈNE, de la Cité de Québec, pour l'année 1892, par le Docteur L. Catellier, médecin Municipal. Québec : Georges Vincent, Imprimeur de la Cité, 1892.

REPORT OF WORK DONE by the Board of Health of the city of Quebec, during the year 1892, by Dr. L. Catellier, City Medical Health Officer. Quebec : Georges Vincent, city printer, 1892.

CHARLES MARCHAND vs. A. JACOBI, M.D. New York, 1893.

THE RECONSTRUCTION OF THE PELVIC STRUCTURES IN WOMAN. The advantages derived from the use of the buried tendon suture. By Henry O. Marcy, A.M., M.D., LL.D., of Boston, Mass., late President American Medical Association, Surgeon to the Hospital for Women, Cambridge, etc. Reprinted from Transactions of American Association of Obstetricians and Gynæcologists, 1892. Philadelphia : Wm. J. Doran, printer, 1893.

INGUINAL HERNIA IN THE MALE. By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass., Late President of the American Medical Association, Surgeon to the Hospital for Women, Cambridge, etc. Read before the Southern Surgical and Gynæcological Association, at Louisville, November, 1892.

THE MATTISON METHOD IN MORPHINISM. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Reprinted from *The Universal Medical Journal*, Feb., 1893.

COCAINE INEBRIETY, by J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues, Member American Medical Association, American Association for the Cure of Inebriety, New York Academy of Medicine, New York Medico-Legal Society, Brooklyn Neurological Society,

Medical Society of the County of Kings. Read before the District of Columbia Medical Society, Washington. Reprint, *Medical Record*, 22nd October, 1892, and 14th January, 1893.

COCAINE POISONING. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues.

THE ETIOLOGY OF NARCOTIC INEBRIETY. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues, Member American Medical Association, American Association for the Cure of Inebriety, New York Academy of Medicine, New York Medico-Legal Society, Brooklyn Neurological Society, Kings County Medical Society. Read before the Brooklyn Neurological Society, December 14, 1892. Reprint from *Weekly Medical Review*, February 11, 1893.

TWENTY-SEVEN YEARS ADDICTION TO OPIUM.—RECOVERY.—RELAPSE. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Reprint from the *New England Medical Monthly* for March, 1893. Danbury, Conn., The Danbury Medical Printing Company, 1893.

TRIONAL, THE NEW HYPNOTIC. ITS USE IN NARCOTIC HABITUÉS. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Read before the Brooklyn Neurological Society, 12th April, 1893. Reprint *Medical News*, 6th May, 1893.

CONSTIPATION, ESPECIALLY IN ITS RELATIONS TO THE DISEASES PECULIAR TO WOMEN. By Andrew F. Currier, M.D. Reprinted from the *New York Medical Journal* for February 11, 1893.

PARIS WORLD'S FAIR, 1889.

There is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the Philadelphia merchant comes an exhibit which the native pharmacists can look at with both admiration and wonderment. This display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, &c. Suffice it is to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the makers' fabrications, and it is decidedly an honor to the concern.—*Pharmaceutical Record*.

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